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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # N9700004122 (4)

AMERICAN BOARD OF CASE MANAGEMENT, INC.

2801 PONCE DE LEON BLVD SUITE 1060 CORAL GABLES FL 33134 2801 PONCE DE LEON BLVD SUITE 1060 CORAL GABLES FL 33134 2801 PONCE DE LEON BLVD SUITE 1060 CORAL GABLES FL 33134 2801 PONCE DE LEON BLVD SUITE 1060 CORAL GABLES FL 33134 3. Date Incorporated or Qualified O7/22/1997 4. FEI Number 65 — 07 (9 426) Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Suite, Apt. #, etc. 5. Election Campaign Financing Trust Fund Contribution Added to Fees City & State City & State 7. Is this popprofit corporation a homeowness association?									
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2. Principal Place of Business 2. Melling Address 2. Melling Address 2. Saltus Apt #, etc. 2. Saltus Apt #, etc. 3. Saltus Apt #, etc. 3	SUITE 1060)	SUIT	SUITE 1060				07/22/1997 4. FEI Number Applied For
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Suite, Apt. 4, etc. Strick, Apt. 4, etc.	21				· · ·				4. Continuate of Status Desired
City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Represented Property Tax due June 30. Yes City C	Suite, Apt. #	Suite, Apt. #, etc.							6. Election Campaign Financing \$5.00 May Be
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Section Personal Property Tax due June 30. Yes Personal Prop	Zip]	Country		Zip		ıntry	,	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 862 Street Address (P.O. Box Number is Not Acceptable) 873 B44 City FL 85 Zip Code 874 City FL 85 Zip Code 875 City City FL 85 Zip Code 875 City FL 85 Zip Cod	24					30	,		Personal Property Tax due June 30. Yes No
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 City FL 85 Zip Code 4 Zip Code Zip Code		y. Name	and Address of Curre	nt Registe	ared Agent		81	Namo	10. Name and Address of New Registered Agent
343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered follows. The familiar with, and accept the deligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered follows. I hereby accept the depointment as registered state of the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered follows. I hereby accept the depointment as registered of the provisions board of directors. I hereby accept the depointment as registered statutes. I hereby accept the depointment as registered of the provisions board of directors. I hereby accept the changing its registered statutes. I hereby accept the corporation submits this statement for the purpose of changing its registered by the corporation submits this statement for the provisions board of directors. I hereby accept the change in the provisions board of directors. I hereby accept the change in the purpose of the p	ÄLACDII AI	WASD ON	וחזרטבה				ا	Name	
Bas							62	Street Addre	ess (P.O. Box Number is Not Acceptable)
Part Pursuant to the provisions of Sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 617.0503. Floridal Statutes. Signature Part Purpose of printed mane derigation agent and the displaced part signature required when related to purpose of part agent agen							63		
The Part of the provisions of Sections 617 0502 and 617 1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered significance in the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered significance in the purpose of changing its registered significance. I hereby accept the appointment as registered significance in the purpose of changing its registered significance in the purpose of change in the purpose of changing its registered significance in the purpose of changing its registered significance. I hereby accept the appointment as registered significance in the purpose of changing its registered significance in the purpose of change in the purpose of changing its registered significance. I hereby accept the appointment as registered significance. I hereby accept the appointment as registered significance in the purpose of change in the purpose of c							84	City	85 Zip Code
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NOTE Post of primate layer and all in it applicable (NOTE Expensive required when reinstating) DATE	agent. i an	n fam iliar wi	h, and accept the oblig	jations of,	Section 617.0503, F	lorida Sta	tutes	3,	· · · · · · · · · · · · · · · · · · ·
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _/

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4/20,90

R2F037 (10/97)

FILED

May 14 1998 8:00am

Secretary of State