

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04154** (1)
1. Corporation Name
LAWRENCE HEALTHCARE ADMINISTRATIVE SERVICES, INC



Principal Place of Business Mailing Address
2716 ALBANY ST **2716 ALBANY ST**
SCHENECTADY NY 12304 **SCHENECTADY NY 12304**

3. Date Incorporated or Qualified **11/27/1984** 3a. Date of Last Report **08/15/1995**
4. FEI Number **14-1579125** Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUND, FRANK
400-A NORTH FLAGLER DR. SUP # 323
WEST PALM BCH., FL 33401-4397

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACCA JOSEPH	1.2 NAME	LAWRENCE, JANET
STREET ADDRESS	1547 DEAN ST.	1.3 STREET ADDRESS	258 BRADLEY BLVD
CITY-ST-ZIP	SCHENECTADY NY 12309	1.4 CITY-ST-ZIP	SCHENECTADY, NY 12304
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGER, SUSAN J	2.2 NAME	DIANA, PETER G.
STREET ADDRESS	33 ANCHOR DR.	2.3 STREET ADDRESS	1762 LENOX RD
CITY-ST-ZIP	WATERORD NY 12188	2.4 CITY-ST-ZIP	SCHENECTADY, NY 12308
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, BARBARA C.	3.2 NAME	
STREET ADDRESS	708 RIVERVIEW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	REXFORD NY 12148	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, ALBERT W.	4.2 NAME	
STREET ADDRESS	708 RIVERVIEW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	REXFORD NY 12148	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEMER, WILFANG J. ASST	5.2 NAME	
STREET ADDRESS	1926 GRAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHENECTADY NY	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, BARBARA B.	6.2 NAME	
STREET ADDRESS	525 CLEVELAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCHENECTADY NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter G. Diana Peter G. Diana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

518-370-4900
Daytime Phone #

CR2E034 (12/95)