

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 27 AM 10:42****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P16377****(4)**

1. Corporation Name

CORPORATE HEALTH STRATEGIES, INC.

Principal Place of Business

**ONE MADISON AVE., AREA 23VW
NEW YORK NY 10010**

Mailing Address

**ONE MADISON AVE., AREA 23VW
NEW YORK NY 10010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

13-3181633

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	FOSCATO, DONALD A	61 THRUSH LN NEW CANAAN CT	
AS	WONG, KIM P.	ONE MADISON AVE. NEW YORK NY	
D	LEVENE, DAVID A	1 MADISON AVE NEW YORK NY	
V	HOEMKE, DANIEL F	2 WHITNEY AVE NEW HAVEN CT	
AV	BRASH, STEVEN J	ONE MADISON AVENUE NEW YORK NY	
D	MOYNAHAN, JOHN D.	21 CROSS RD. DARIEN CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Brash, V.P.**4/17/95****(212) 578-6484**