

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P16377 (4)

1. Corporation Name

CORPORATE HEALTH STRATEGIES, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
10/14/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 450 Columbus Boulevard
Suite, Apt. #, etc

22 City & State

23 Hartford, CT

24 Zip 06115 25 Country

2a. Mailing Address

26 450 Columbus Boulevard
Suite, Apt. #, etc

27 City & State

28 Hartford, CT

29 Zip 06115 30 Country

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

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
C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

84 City
Plantation

85 Zip Code
FL 33324

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 type for profit name, sole proprietor, agent, and state of application

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FOSCATO, DONALD A
STREET ADDRESS 61 THRUSH LN
CITY - ST - ZIP NEW CANAAN CT ☒ DELETE

TITLE AS
NAME WONG, KIM P.
STREET ADDRESS ONE MADISON AVE.
CITY - ST - ZIP NEW YORK NY ☒ DELETE

TITLE D
NAME LEVENE, DAVID A
STREET ADDRESS 1 MADISON AVE
CITY - ST - ZIP NEW YORK NY ☒ DELETE

TITLE V
NAME HOEMKE, DANIEL F
STREET ADDRESS 2 WHITNEY AVE
CITY - ST - ZIP NEW HAVEN CT ☒ DELETE

TITLE AV
NAME BRASH, STEVEN J
STREET ADDRESS ONE MADISON AVENUE
CITY - ST - ZIP NEW YORK NY ☒ DELETE

TITLE D
NAME MOYNAHAN, JOHN D.
STREET ADDRESS 21 CROSS RD.
CITY - ST - ZIP DARIEN CT ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D
12 NAME Robert Randell
13 STREET ADDRESS 2 Whitney Avenue, 6th Floor
14 CITY - ST - ZIP New Haven, CT 06510 ☒ Change ☐ Addition

21 TITLE S
22 NAME Brigid M. Spicola
23 STREET ADDRESS 300 Opus Center, 9900 Bren Road East
24 CITY - ST - ZIP Minnetonka, MN 55343 ☒ Change ☐ Addition

31 TITLE T/D
32 NAME David P. Koppe
33 STREET ADDRESS 300 Opus Center, 9900 Bren Road East
34 CITY - ST - ZIP Minnetonka, MN 55343 ☒ Change ☐ Addition

41 TITLE D
42 NAME Travers H. Wills
43 STREET ADDRESS 300 Opus Center, 9900 Bren Road East
44 CITY - ST - ZIP Minnetonka MN 55343 ☒ Change ☐ Addition

51 TITLE
52 NAME 800001925898
53 STREET ADDRESS -08/20/96--01029--021
54 CITY - ST - ZIP ***375.00 ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brigid M. Spicola

August 7, 1996 (612) 936-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (3/96)