FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:09

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P28917 (3)

1. Corporation Name
STRATEGIC HEALTH CARE MANAGEMENT SERVICES, INC.

Principal Place of Business
2250 E. DEVON AVE.
DE PLAINES IL 60018

Mailing Address
2250 E. DEVON AVE.
DE PLAINES IL 60018

3. Date Incorporated or Qualified: 04/16/1990
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 36-3437905 — 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
KLIMCZAK, PAUL
28463 US 19 NORTH
CLEARWATER FL 34621

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MONACO, CARMEN F.	1.2 NAME	
STREET ADDRESS	4982 N. THORNBARK	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARRINGTON IL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DONOFRIO, FRANK J.	2.2 NAME	
STREET ADDRESS	6711 BRADLEY CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	DOWNERS GROVE IL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	NUDO, DENNIS S.	3.2 NAME	
STREET ADDRESS	508 W. MARION	3.3 STREET ADDRESS	
CITY - ST - ZIP	PROSPECT HGTS IL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MONACO, EILEEN M.	4.2 NAME	
STREET ADDRESS	4982 N. THORNBARK	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARRINGTON IL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 an attachment with an address.

SIGNATURE: Carmen F. Monaco — Carmen F. Monaco — 1/17/95 — (708) 299-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407780 FP