

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31061

(5)

1. Corporation Name

HEALTH FORCE, INC.

Principal Place of Business

**177 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

Mailing Address

**177 CROSSWAYS PARK DRIVE
WOODBURY NY 11797**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

11-2421016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

9. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	FP
NAME	DRUCKMAN, MICHAEL
STREET ADDRESS	61 HUNTING HILL DR
CITY - ST - ZIP	DIX HILLS NY
TITLE	AS
NAME	SILVER, RENEE
STREET ADDRESS	11 PINE DRIVE
CITY - ST - ZIP	PORT WASHINGTON NY
TITLE	SD
NAME	MILLER, JOEL
STREET ADDRESS	8 CEDEAR LANE
CITY - ST - ZIP	WESTPORT CT
TITLE	PD
NAME	SPIRGEL, GARY
STREET ADDRESS	35 ROSEANNE DR.
CITY - ST - ZIP	WOODBURY NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	DRUCKMAN, MICHAEL
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	VP REINECKE, MICHAEL
5.3 STREET ADDRESS	37 SPRING MEADOW DR/1A
5.4 CITY - ST - ZIP	KINGS PARK, NY 11754
6.1 TITLE	☐ Change ☐ Addition
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 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DRUCKMAN

Date

(Anytime After 4