

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 30, 1999 8:00 am  
Secretary of State

06-30-1999 90005 010 \*\*\*550.00

DOCUMENT # P33683

1. Corporation Name

CCHP, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/24/91

2. Principal Place of Business

6551 PARK OF COMMERCE BLVD., NW

2a. Mailing Address

P.O. BOX 5028

4. FEI Number 13-3613597

Applied For

Not Applicable

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Zip

33487

Country

USA

Zip

33431-0828

Country

USA

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE, FL 32301

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 D ☐ DELETE

NAME KEVIN C. CLARK

STREET ADDRESS 108 WAHACKME ROAD

CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE VP ☐ DELETE

NAME EMIL HENSEL

STREET ADDRESS 6551 PARK OF COMMERCE BLVD., NW, #200

CITY-ST-ZIP BOCA RATON, FL 33487

TITLE PD ☐ DELETE

NAME JOSEPH BOSHART

STREET ADDRESS 6551 PARK OF COMMERCE BLVD., NW, #200

CITY-ST-ZIP BOCA RATON, FL 33487

TITLE TD ☐ DELETE

NAME PAUL MCMAHON

STREET ADDRESS 1750 CLINT MOORE ROAD

CITY-ST-ZIP BOCA RATON, FL 33487

TITLE S ☐ DELETE

NAME JOHN A. MCFARLAND

STREET ADDRESS 1750 CLINT MOORE ROAD

CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☐ DELETE

NAME LAWRENCE ELLBERGER

STREET ADDRESS 1750 CLINT MOORE ROAD

CITY-ST-ZIP BOCA RATON, FL 33487

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Boshart 6-24-99 561-998-2232

Date

Daytime Phone #

CR2E034 (11/98)