

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37314** (2)

1. Corporation Name

CLINICORP OF DELAWARE, INC.



Principal Place of Business

**1601 BELVEDERE ROAD
SUITE 500 EAST
WEST PALM FL 33406**

Mailing Address

**1601 BELVEDERE ROAD
SUITE 500 EAST
WEST PALM FL 33406**

3. Date Incorporated or Qualified
01/31/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3068714

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERLIHY GERARD A.
1601 BELVEDERE ROAD
SUITE 500 EAST
WEST PALM BEACH FL 33406**

81 Name
Cuden, Craig T.

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

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HERLIHY GERARD A.**
STREET ADDRESS **1601 BELVEDERE RD. # 500 EAST**
CITY-ST-ZIP **WEST PALM BCH., FL 33406**

1.1 TITLE **D/C/CEO** ☐ Change ☒ Addition
1.2 NAME **Markson, Lawrence T., DC**
1.3 STREET ADDRESS **1601 Belvedere Rd., Suite 500 East**
1.4 CITY-ST-ZIP **West Palm Beach, FL. 33406**

TITLE **DVS** ☐ DELETE
NAME **CUDEN CRAIG T.**
STREET ADDRESS **1601 BELVEDERE RD., # 500 EAST**
CITY-ST-ZIP **WEST PALM BCH., FL 33406**

2.1 TITLE **700001802387** ☐ Change ☐ Addition
2.2 NAME **-05/01/96--01013--005**
2.3 STREET ADDRESS *****200.00**
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RAVENEL CHARLES**
STREET ADDRESS **123 MEETING ST**
CITY-ST-ZIP **CHARLESTON SC**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Klein, Louis, Jr.**
3.3 STREET ADDRESS **114 West 27th St.**
3.4 CITY-ST-ZIP **New York, NY 10001**

TITLE **CD** ☒ DELETE
NAME **GOLDAMT, ROBERT S.**
STREET ADDRESS **1601 BELVEDERE RD., # 500 EAST**
CITY-ST-ZIP **WEST PALM BCH., FL 33406**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Sanders, Arthur**
4.3 STREET ADDRESS **166 Fairhaven Blvd.**
4.4 CITY-ST-ZIP **Woodbury, NY 11797**

TITLE **D** ☐ DELETE
NAME **DEROUNIAN, PAUL D**
STREET ADDRESS **900 THIRD AVE., #1200**
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **Harkins, Christopher T.**
6.3 STREET ADDRESS **1601 Belvedere Rd., Suite 500 East**
6.4 CITY-ST-ZIP **West Palm Beach, FL. 33406**

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig T. Cuden, Secretary

4-24-96 (407)684-2225

Date Daytime Phone #

CR2E034 (12/95)