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 FEB -8 AM 8:44

DOCUMENT # P92000010808 (3)

1. Corporation Name
COMPASS HEALTH, INC.

Principal Place of Business	Mailing Address
2900 N. MILITARY TRAIL SUIE 215 BOCA RATON FL 33431	2900 N. MILITARY TRAIL SUIE 215 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 09/19/1994
4. FEI Number: 65-0394624 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEVINEF, JEROME I
2900 N.MILITARY TRAIL
SUITE 215
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: LEVINE, JEROME I
82 Street Address (P.O. Box Number is Not Acceptable): 2900 N. MILITARY TRAIL
83: SUITE 215
84 City: BOCA RATON FL 85 Zip Code: 33431

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: JEROME I. LEVINE
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	TOIVONEN, CYNTHIA L	12 NAME	
STREET ADDRESS	113 EDISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08002	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, JEROME I	22 NAME	
STREET ADDRESS	2900 N. MILITARY TRAIL, SUITE 215	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	AMBACH, MICHAEL	32 NAME	
STREET ADDRESS	8150 S. FEDERAL HIGHWAY	33 STREET ADDRESS	
CITY-ST-ZIP	HYPOLOXU FL 33462	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARTIN, NORMAN H P.E.	42 NAME	
STREET ADDRESS	411 NORTH 20TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19130	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ZIERING, LANCE K	52 NAME	
STREET ADDRESS	17 TULLAMOE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER PA 19382	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Cynthia L Toivonen 1/31/95 407-995-7377
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0250002 CP