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
95 AUG 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000015597 (6)**

1. Corporation Name

COCOR; COST CONTAINMENT & RECOVERY, INC.

Principal Place of Business	Mailing Address
15 CROSSROADS SUITE 174 SARASOTA FL 34239	15 CROSSROADS SUITE 174 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 6451 19th St. E.
Suite, Apt. #, etc. 22
City & State 23: Sarasota FL
Zip 24: 34243 Country 25: USA

2a. Mailing Address
26 P. O. Box 898
Suite, Apt. #, etc. 27
City & State 28: Oneco, FL
Zip 29: 34264 Country 30: USA

4. FEI Number: APPLIED FOR 65-0394980 ☐ 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

HEIN, GEORGE
15 CROSSROADS
SUITE 174
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: Cindy Petrat Hayden, TR
82 Street Address (P.O. Box Number is Not Acceptable): 6736 26th Street W.
83
84 City: Bradenton FL 85 Zip Code: 34207

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] Cindy Petrat Hayden, TR
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 8/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	HEIN, GEORGE	1.2 NAME	Cindy Petrat Hayden	
STREET ADDRESS	15 CROSSROADS, STE. 174	1.3 STREET ADDRESS	6736 26th St. W.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Bradenton, Fl 34207	
TITLE	VP	2.1 TITLE		☒ Change ☐ Addition
NAME	HEIN, GEORGE	2.2 NAME	Delete information	
STREET ADDRESS	15 CROSSROADS, STE. 174	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] Cindy Petrat Hayden TR 8/3/95 941 755 7079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0455488 FP