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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 JAN 26 PM 4:08

DOCUMENT # **P93000036374 (5)**

1. Corporation Name
ACCLAIM HEALTH CARE SERVICES INC.

Principal Place of Business	Mailing Address
19906 WILKINSON LEAS RD. TEQUESTA FL 33469	19906 WILKINSON LEAS RD. TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21: 4961 N. University DR
22 Suite, Apt. #, etc.:
23 City & State: Lauderhill Fl.
24 Zip: 33351
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0410981 ☐ 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

D'ONOFRIO, ANDREW
19906 WILKINSON LEAS RD.
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	D'ONOFRIO, ANDREW	1.2 NAME	
STREET ADDRESS	19906 WILKINSON LEAS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LAZARUS, LESLIE	2.2 NAME	TERMINATION
STREET ADDRESS	5080 N.W. 96TH WAY	2.3 STREET ADDRESS	NO LONGER EMPLOYED
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	BY ACCLAIM
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOUDREAUX, LAWRENCE	3.2 NAME	
STREET ADDRESS	8111 N.W. 20TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	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: ANDREW D'ONOFRIO 1-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date)
305-572-4544
(Daytime Phone #)

0279271 CR