

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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0047130

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 31 AM 8:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000063724 (7)

1. Corporation Name
 CREATIVE HEALTHCARE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 11077 BISCAYNE BLVD. STE. 302 NORTH MIAMI FL 33161
 Mailing Address: 11077 BISCAYNE BLVD. STE. 302 NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: 09/07/1993
 4. FEI Number: 65-0434387
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 633 NE 167th ST, Suite 1002, North Miami Beach FL 33162
 2a. Mailing Address: 26 633 NE 167th ST, Suite 1002, North Miami Beach FL 33162
 23. City & State: North Miami Beach FL
 24. Zip: 33162, Country: USA

9. Name and Address of Current Registered Agent
 WEISS, CHARLES P
 11077 BISCAYNE BLVD, SUITE 302
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
 81 Name: WEISS CHARLES P
 82 Street Address (P.O. Box Number is Not Acceptable): 633 NE 167th ST
 83 Suite 1002
 84 City: North Miami Beach FL, 85 Zip Code: 33162

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
 NAME: WEISS, CHARLES P
 STREET ADDRESS: 1000 E ISLAND BLVD SUITE 606
 CITY-ST-ZIP: N MIAMI BEACH FL 33160
 TITLE: D
 NAME: WEISS, JUNE J
 STREET ADDRESS: 1000 E ISLAND BLVD SUITE 606
 CITY-ST-ZIP: N MIAMI BEACH FL 33160

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME: 000002608390--7
 1.3 STREET ADDRESS: -08/05/98--01101--006
 1.4 CITY-ST-ZIP: ****150.00 ****150.00
 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.

SIGNATURE: JUNE WEISS 7/1/98 305 690 8800

CR2E034 (5/98)

TMC

® TOTAL MEDICAL COMPLIANCE

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July 10, 1998


Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Creative Healthcare Services, Inc.
Federal ID# 65-0434387

Dear Sir or Madam:

Enclosed please find a check in the amount for one hundred fifty dollars (\$150.00) my filing fee for the 1998 annual report. I moved my offices at the end of 1997 and I did not receive the first notice from the State of Florida. Please waive all penalties as I have always paid my annual report on time, unfortunately, with the move I did not receive the first notice. Thanking you in advance for your cooperation and understanding.

Very Truly Yours,


June Weiss
President