

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 # P93000083376 (2)

1. Corporation Name

MULTI-HEALTH SPECIALTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

4221 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

4221 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 4221 N State Rd 7

26 4221 N State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 Lauderdale Lakes FL

28 Lauderdale Lakes FL

Zip

Country

Zip

Country

24 33319

25 United States

29 33319

30 United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALOWSKI, FRANK
4221 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

SAME

81 Name FALOWSKI, FRANK

82 Street Address (P.O. Box Number is Not Acceptable)

4221 N State Rd 7

83 Laud. Lakes FL 33319

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-18-96

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
FALOWSKI, FRANK J
4221 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

11.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

11.2 TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

11.3 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

11.4 TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-STATE-ZIP

11.5 TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-STATE-ZIP

11.6 TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-STATE-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)(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 of 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

[Signature] JUNE 1-18-96

Date

(305) 676-5506

Daytime Phone #

CR2E034 (12/95)