

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000014758 (4)

1. Corporation Name

MANAGED HEALTHCARE SYSTEMS, INC.



Principal Place of Business

1100 N.E. 51ST. STREET
OAKLAND PARK FL 33334

Mailing Address

1100 N.E. 51ST. STREET
OAKLAND PARK FL 33334

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

APPLIED FOR 65-0609060

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

81 Name

KENNETH J. SACK

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

1100 N.E. 51ST. STREET

83

84 City

OAKLAND PARK

FL

85

Zip Code

33334

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

KENNETH J. SACK

(NOTE: Registered Agent signature required when re-instating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

ROMBRO, DAVID

STREET ADDRESS

1100 N.E. 51ST. STREET

CITY - ST - ZIP

OAKLAND PARK FL 33334

TITLE

D

☐ DELETE

NAME

ALDEN, SHERI

STREET ADDRESS

1100 N.E. 51ST. STREET

CITY - ST - ZIP

OAKLAND PARK FL 33334

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. Rombro, Pres 4/23/96 (954) 938-9980

CR2E034 (12/95)