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

APPROVED
AND
FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020166 (2)**

1. Corporate Name
AFFILIATED HEALTH CARE SYSTEMS INC.

Principal Place of Business	Mailing Address
19562 N.W. 62ND CT. HIALEAH FL 33015	19562 N.W. 62ND CT. HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0473776** ☐ 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

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 607.1008, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)
D ACOSTA, NELSON 19562 N.W. 62ND CT. HIALEAH FL 33015	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is complete, accurate 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 report or supplemental annual report is true and accurate and that my signature shall constitute 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 13 above, or on an attachment with an address.

SIGNATURE: NELSON ACOSTA 4/27/95 305-625-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR(AR) CP

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APPROVED

1995

DOCUMENT # **P94000021447 (5)**

1. **TI ENTERRPISES INC.**

1115 SUGARBERRY TRAIL
OVIEDO FL 32765

1115 SUGARBERRY TRAIL
OVIEDO FL 32765

3. 03/15/1994

21 126 E. COLONIAL

26 126 E. COLONIAL

4. 59-329/618

22 DR.

27 DR

5. $8.75 Additional Fee Required

23 ORLANDO, FL

28 ORLANDO, FL

6. $5.00 May Be Added to Fees

24 32801 25 USA

29 32801 30 USA

9. Name and Address of Current Registered Agent

ISHMAEL, ANTHONY A
1115 SUGARBERRY TRAIL
OVIEDO FL 32765

10. Name and Address of New Registered Agent

31 Name

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

33

34 City FL 35 Zip Code

11.

ORLANDO

12. Officer and Director Titles

PRESIDENT
ANTHONY ISHMAEL
126 E. COLONIAL DR
ORLANDO, FL 32801

V.P.
SHARON ISHMAEL
126 E. COLONIAL DR
ORLANDO FL 32801

13. Additional Officer/Director Titles and Addresses

14.

SIGNATURE: Anthony Ishmael

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

ANTHONY ISHMAEL

APRIL 21, 95 1-407-648-2419

0043586 CP