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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000022672 (7)**

1. Corporation Name
CLINICAL MEDICAL COORDINATION SERVICES, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE ROAD PH I-D CORAL GABLES FL 33134	2655 LE JEUNE ROAD PH I-D CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 2000 SW 27th Ave	2a. Mailing Address 26: 2000 SW 27th Ave	4. FEI Number: 65-0469539	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22: #204	Suite, Apt. #, etc. 27: #204	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: Miami	City & State 28: Miami	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24: 33145 — County: 25: USA	Zip: 29: 33145 — County: 30: USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
2655 LE JEUNE ROAD PH I-D CORAL GABLES FL 33134	81 Name: William J. Monaco 82 Street Address (P.O. Box Number is Not Acceptable): 90 Edgewater Drive #401 83: 84 City: Coral Gables FL 85 Zip Code: 33133

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	D	1.1 TITLE	P ☐ Change ☐ Addition
NAME		1.2 NAME	William Monaco
STREET ADDRESS		1.3 STREET ADDRESS	90 Edgewater Drive #401
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coral Gables Fla 33133
TITLE		2.1 TITLE	S ☐ Change ☐ Addition
NAME		2.2 NAME	William Monaco
STREET ADDRESS		2.3 STREET ADDRESS	90 Edgewater Drive #401
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Gables Fla 33133
TITLE		3.1 TITLE	D ☐ Change ☐ Addition
NAME		3.2 NAME	William Monaco
STREET ADDRESS		3.3 STREET ADDRESS	90 Edgewater Drive #401
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, Fla 33133
TITLE		4.1 TITLE	D ☐ Change ☐ Addition
NAME		4.2 NAME	Virginia Fonseca
STREET ADDRESS		4.3 STREET ADDRESS	5901 SW 56 Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami Fla 33143
TITLE		5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	April Brown
STREET ADDRESS		5.3 STREET ADDRESS	90 Edgewater Drive #401
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables Fla 33133
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: _____ 6/28/95 (305)445-8563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141399 CP