

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000029199 (4)**

1. Corporation Name:

**CHAMBAY HEALTHCARE CONSULTANTS, INC.**

Principal Place of Business

**2139 UNIVERSITY DR.  
#254  
CORAL SPRINGS FL 33071**

Mailing Address

**2139 UNIVERSITY DR.  
#254  
CORAL SPRINGS FL 33071**

(PRINT OR WRITE IN THIS SPACE)

3. Date incorporated (or qualified)

**04/18/1994**

3a. Date of Last Report

2. Principal Purpose of Business

21

2a. Mailing Address

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State Apt. # etc.

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State Apt. # etc.

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City & State

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City & State

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Zip

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County

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Zip

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County

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4. FPI Number

**65-0493469**

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,  
right to substitute  Yes  No

9. Name and Address of Current Registered Agent

**ZIMMERLY, ILENE F  
2139 UNIVERSITY DR.  
#254  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number or Not Applicable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0105 and 607.0106, 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, through or through the appointment of registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

(Name, Address, City, State, Zip, County)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12)

14. (Name, Address, City, State, Zip, County)

15. (Name, Address, City, State, Zip, County)

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55. (Name, Address, City, State, Zip, County)

SIGNATURE

*Ilene F. Zimmerly*  
President

**ILENE F. ZIMMERLY**

5/15/95

(305)

344-2128