

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/19/1995

4. FEI 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, Florida Statutes 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 is Not Acceptable)
83
84 City
85 Zip Code

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 (Block 9) (if applicable)

(NONE) Registered Agent Signature (no registration)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE: PST
NAME: ZIMMERLY, ILENE F
STREET ADDRESS: 2139 UNIVERSITY DR 254
CITY- ST- ZIP: CORAL SPRINGS FL

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE [] Change [] Addition
2. 1 TITLE [] Change [] Addition
3. 1 TITLE [] Change [] Addition
4. 1 TITLE [] Change [] Addition
5. 1 TITLE [] Change [] Addition
6. 1 TITLE [] Change [] Addition

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: *Ilene F. Zimmerly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

954-344-2128
Corporate Phone #

CR2E034 (12/95)