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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # P94000053680 (2) 96 SEP -5 AM 9:23

1. Corporation Name

VINCAM PRACTICE MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2850 DOUGLAS RD.
CORAL GABLES FL 33134

Mailing Address

2850 DOUGLAS RD.
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
07/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

4. FEI Number

65-0668984

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

HARRIS, CHRISTINA D
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

William F. Cueto

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

2850 Douglas Road

83

84 City

Coral Gables,

FL

85 Zip Code

33134

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 607.0535, Florida Statutes.

SIGNATURE

William F. Cueto

William F. Cueto, Associate Counsel

4/24/96

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

SALADRIGAS, CARLOS A

STREET ADDRESS

2850 DOUGLAS RD.

CITY - ST - ZIP

CORAL GABLES FL 33134

TITLE

S

NAME

HARRIS, CHRISTINA D

STREET ADDRESS

2850 DOUGLAS ROAD

CITY - ST - ZIP

CORAL GABLES FL 33134

TITLE

T

NAME

SANCHEZ, JOSE M

STREET ADDRESS

2850 DOUGLAS RD.

CITY - ST - ZIP

CORAL GABLES FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

1.2 NAME

Carlos A. Saladrigas

1.3 STREET ADDRESS

2850 Douglas Road

1.4 CITY - ST - ZIP

Coral Gables, FL 33134

2.1 TITLE

Vice President

2.2 NAME

Jose M. Sanchez

2.3 STREET ADDRESS

2850 Douglas Road

2.4 CITY - ST - ZIP

Coral Gables, FL 33134

3.1 TITLE

Treasurer & Secretary

3.2 NAME

Martin J. Perez

3.3 STREET ADDRESS

2850 Douglas Road

3.4 CITY - ST - ZIP

Coral Gables, FL 33134

4.1 TITLE

Assistant Secretary

4.2 NAME

William F. Cueto

4.3 STREET ADDRESS

2850 Douglas Road

4.4 CITY - ST - ZIP

Coral Gables, FL 33134

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

mwb

9-16-96

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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****225.00 ****225.00

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

4/24/96

Date

(305) 460-2350

Daytime Phone #

CR2E034 (12/95)