

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 # P94000058769 (8)

1. Corporation Name

PACE HEALTH CARE, INC.



Principal Place of Business

9660 W SAMPLE RD
THIRD FL
CORAL SPRINGS FL 33065

Mailing Address

9660 W SAMPLE RD
THIRD FL
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 3323 W. Commercial Blvd

Suite, Apt. #, etc.

22 #110

City & State

23 Ft. Lauderdale FL

Zip

24 33309

Country

25 US

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

g. Name and Address of Current Registered Agent

MILLER, DOUGLAS A
9660 W SAMPLE RD
THIRD FL
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
08/05/1994

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

4. FEI Number

65-0521473

APPLIED FOR

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

10. Name and Address of New Registered Agent

81

Name

82 SAME

83

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

3323 W. Commercial Blvd

84

City

Ft. Lauderdale

FL

85

Zip Code

33309

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 and director

Date

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MILLER, DOUGLAS A
STREET ADDRESS 9660 W SAMPLE RD
CITY - ST - ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Miller, Director

3-19-96

Date

(95)D485-01A

Daytime Phone #

CR2E034 (12/95)