

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000086738 (9)**

1. Corporation Name

**COMPREHENSIVE OUTPATIENT SERVICES, INC.**



Principal Place of Business <b>541 N.W. 132ND COURT STE 300 MIAMI FL 33145 US</b>	Mailing Address <b>541 N.W. 132ND COURT STE 300 MIAMI FL 33145 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2455 SW 27 AVE</b>		2a. Mailing Address 26 <b>2455 SW 27 AVE</b>		3. Date Incorporated or Qualified <b>11/30/1994</b>	
Suite, Apt. #, etc. 22 <b>STE 300</b>		Suite, Apt. #, etc. 27 <b>STE - 300</b>		4. FEI Number <b>65-0537205</b>	
City & State 23 <b>MIAMI FL</b>		City & State 28 <b>MIAMI FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33145</b>		Country 25 <b>MIAMI-DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29 <b>MIAMI-DADE</b>		Zip 30 <b>MIAMI-DADE</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PEREZ-BENITO, MANRUCO A  
541 N.W. 132ND COURT  
MIAMI FL 33182**

**(DELETE)**

10. Name and Address of New Registered Agent

81 Name <b>MIRIAM TAPANES</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2455 S.W. 27 AVE., STE 300</b>
83 City <b>MIAMI</b>
84 State <b>FL</b>
85 Zip Code <b>33145</b>

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 **Miriam Tapanes**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PEREZ-BENITO, MANRUCO A 541 N.W. 132ND COURT MIAMI FL 33182</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSD MIRIAM TAPANES 2455 SW 27 AVE., STE. 300 MIAMI FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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: **Miriam Tapanes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-98 305-858-0744**

Date Daytime Phone # 0022963

CR2E034 (10/97)