

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2: 03

DOCUMENT # P94000092268 (9)

OUTPATIENT CRITICAL CARE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/19/1994	
4. FEI Number	Applied for
65-0547435	Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Disclose Campaign Finance and Fund Raising Information	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.11, Florida Statutes ☐ Yes ☐ No	

1. Principal Place of Business		2a. Mailing Address	
1509 SW 5 PL FT LAUDERDALE FL 33312		1509 SW 5 PL FT LAUDERDALE FL 33312	
2. Principal Place of Operation	2b. Mailing Address	24. State	25. City & State
21	26	22	27
23	28	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SULLIVAN, DAVID O 1509 SW 5 PL FT LAUDERDALE FL 33312		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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 607.0607, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL INFORMATION	
NAME	D	1. TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DAVID O	1. NAME	
STREET ADDRESS	1509 SW 5 PL	1. STREET ADDRESS	
CITY & STATE	FT LAUDERDALE FL 33312	1. CITY & STATE	
2. TITLE		2. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY & STATE		2. CITY & STATE	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY & STATE		4. CITY & STATE	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY & STATE		5. CITY & STATE	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02, 199.03, Florida Statutes. I further certify that the information included on this annual report or biannual annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that there are no omissions of the corporation or the officer or director responsible for making the report as required by Chapter 607, Florida Statutes, and that my name appears on this filing as the officer or director responsible for making the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-95

305 832-9743