SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
96 SEP 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000013296 (5)**

1. Corporation Name
COORDINATED HEALTHCARE, INC.

Principal Place of Business	Mailing Address
2050 WEST 56TH STREET SUITE 123 HIALEAH FL 33016	2050 WEST 56TH STREET SUITE 123 HIALEAH FL 33016

3. Date Incorporated or Qualified: 02/16/1995
3a. Date of Last Report:

2. Principal Place of Business
21 213-11 NW 2ND AVE
22 Suite, Apt. #, etc.
23 City & State: NO. MIAMI, FLORIDA
24 Zip: 33169
25 Country: DADE

2a. Mailing Address
26 213-11 NW 2ND AVE
27 Suite, Apt. #, etc.
28 City & State: NO. MIAMI, FLORIDA
29 Zip: 33169
30 Country: DADE

4. FEI Number: 65-0580634 ☐ 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
- A Z REGISTERED AGENT CORPORATION
- 2601 S. BAYSHORE DR.
- SUITE 1600
- MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name: ALFRED TAULE'
82 Street Address (P.O. Box Number is Not Acceptable): 213-11 NW 2ND AVE
83
84 City: NO. MIAMI FL 85 Zip Code: 33169

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: Alfred Taule 9-16-96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THOMAS TAULE 213-11 NW 2ND AVE NO MIAMI, FLORIDA 33169	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 10/04/96--01038--003 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ALFRED TAULE 213-11 NW 2ND AVE NO MIAMI, FLORIDA 33169	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition JB 9-27-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred Taule ALFRED TAULE SECRETARY 8-25-96 305-655-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023037 CP