

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

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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000014416 (8)

1. Corporation Name  
CAPITATED HEALTH CARE SERVICES OF FLORIDA, INC.



Principal Place of Business  
3075 WEST OAKLAND PARK BLVD  
SUITE 208  
FORT LAUDERDALE FL 33311  
US

Mailing Address  
3075 WEST OAKLAND PARK BLVD  
SUITE 208  
FORT LAUDERDALE FL 33311-1215  
US

3. Date Incorporated or Qualified  
02/20/1995

3a. Date of Last Report  
07/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0557422		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent WALLACE, MILTON J 2222 PONCE DE LEON BLVD. STE. 303 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBS, GARY			1.2 NAME			
STREET ADDRESS	3075 WEST OAKLAND PARK BLVD. STE. 208			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, ARTHUR			2.2 NAME			
STREET ADDRESS	3141 ROYAL PALM AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, MILTON			3.2 NAME			
STREET ADDRESS	2222 PONCE DE LEON BLVD #303			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAVITSKY, STEVEN			4.2 NAME			
STREET ADDRESS	1983 MARCUS AVENUE CB7011			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE SUCCESS NY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULMAN, DAVID			5.2 NAME			
STREET ADDRESS	600 CORPORATE DRIVE SUITE 200			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIMMERMAN, SUSAN			6.2 NAME			
STREET ADDRESS	3075 WEST OAKLAND PARK			6.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. I do 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:

*Susan Zimmerman*

1/14/97

954 744-5399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200078

CR2E034 (9/96)