

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

2. Principal Place of Business

21 **8360 West Oakland Park Blvd.**

Suite, Apt. #, etc.

22 **Suite # 101**

City & State

23 **Sunrise, FL**

Zip

24 **33351**

Country

25 **USA**

2a. Mailing Address

26 **8360 West Oakland Park Blvd.**

Suite, Apt. #, etc.

27 **Suite # 101**

City & State

28 **Sunrise, FL**

Zip

29 **33351**

Country

30 **USA**

4. FEI Number

65-0557422

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JACOBS, GARY	
STREET ADDRESS	3075 WEST OAKLAND PARK BLVD. STE. 208	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, ARTHUR	
STREET ADDRESS	3141 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALLACE, MILTON	
STREET ADDRESS	2222 PONCE DE LEON BLVD #303	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVITSKY, STEVEN	
STREET ADDRESS	1983 MARCUS AVENUE CB7011	
CITY-ST-ZIP	LAKE SUCCESS NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULMAN, DAVID	
STREET ADDRESS	600 CORPORATE DRIVE SUITE 200	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, SUSAN	
STREET ADDRESS	3075 WEST OAKLAND PARK	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andy Hubregsen	
1.3 STREET ADDRESS	745 Fifth Avenue #2700	
1.4 CITY-ST-ZIP	New York, NY 10151	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

11/20/98

(954) 749-5509

CR2E034 (10/97)