

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90102 010 ***158.75

DOCUMENT # P95000014416

1. Corporation Name

CAPITATED HEALTH CARE SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

8360 WEST OAKLAND PARK BLVD
STE 101
SUNRISE FL 33351
US

8360 WEST OAKLAND PARK BLVD
STE 101
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 3050 Universal Blvd.
Suite, Apt. #, etc.

26 3050 Universal Blvd.
Suite, Apt. #, etc.

22 Suite 150

27 Suite 150

23 City & State

28 City & State

23 Weston, FL

28 Weston FL

24 Zip

Country

24 33331

25 USA

29 33331

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, MILTON J
2222 PONCE DE LEON BLVD. STE. 303
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME JACOBS, GARY
STREET ADDRESS 3075 WEST OAKLAND PARK BLVD. STE. 208
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME SHAPIRO, ARTHUR
STREET ADDRESS 3141 ROYAL PALM AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☐ DELETE

NAME WALLACE, MILTON
STREET ADDRESS 2222 PONCE DE LEON BLVD #303
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME SAVITSKY, STEVEN
STREET ADDRESS 1983 MARCUS AVENUE CB7011
CITY-ST-ZIP LAKE SUCCESS NY

TITLE D ☐ DELETE

NAME SCHULMAN, DAVID
STREET ADDRESS 600 CORPORATE DRIVE SUITE 200
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DV ☐ DELETE

NAME ZIMMERMAN, SUSAN
STREET ADDRESS 3075 WEST OAKLAND PARK
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

JACOBS, Gary
3050 Universal Blvd. Suite 150
Weston, FL 33331

Change ☐ Addition ☐

Change ☐ Addition ☐

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT

1/15/99

(954) 283-4800

CR2E034 (11/98)