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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014737 (7)

COOPER HEALTH CARE SERVICES, INC.

FILED Apr 17 1997 8:00am Secretary of State

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Principal Pla 2739 BOGATA COOPER CITY		2739 BC) Address OGATA AVE. R CITY FL 33026-	4506	·		***************************************		1 40211001 310 18401 8411 00114 00111 40	III BEGEL PARA B		HAIH 1981 19	BI
-									Date Incorporated or Qualified 02/20/1995	3a. Da 06/1	le of Las 9/199 6	t Report	
.2. Principal 21	Place of Business	2a. Ma 26	iling Address					4.	FEI Number 65-0569835			Applied Not App	
Suite, Apt	t.#, etc	Sui 27	te, Apt. #, etc.					6.	Certificate of Status Desired		7	5 Additio Require	
City & Sta	ale	Cit	y & State			·		6.	Election Campaign Financing Trust Fund Contribution			00 May	
Zip	Country	Zip)	Cou	intry	y		8.	This corporation has liability for	r intengible	tax unde		
24	25	29		30	r		·	ــــــــــــــــــــــــــــــــــــــ	Florida Statutes	Yes			
^^	9. Name and Address of Cu	irrent Registere	d Agent		81	T 6	lame	10.	Name and Address of New F	leåistered t	gent		
	oper, daniel 19 bogata ave.					["	121(16						
	OPER CITY FL 33026				82	S	treet Add	iress (P	O. Box Number is Not Accept	able)			
: ;					83								
					84	C	ity				85 Z	ip Code	
·	t to the provisions of Sections 607				<u>L</u>	<u>L</u>	<u></u>			<u>FL</u>			
SIGNATURE	Signation type Longithted name of registro	or agent and title if app		OTE: Registere	d Age	ent s	gnature requ		reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECT	OPS IN	12
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	eby certify that the information sup	plied with this fi	ling does not qui					d in Se	ction 119.07(3)(i), Florida Statu	ites. I further	certify ti	nat the	

To 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 discussion or supplied ental 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 Vorporation or the receiver or tunstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Big #: 13 if changed or on an attachment with an address.

SIGNATURE: X January Confus

X 4/11/17 954-450-2214