

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014995 (1)

1. Corporation Name

CONSOLIDATED HEALTH SYSTEMS, INC.



Principal Place of Business

1645 PALM BEACH LAKES BLVD
SUITE #400
WEST PALM BEACH FL 33401

Mailing Address

1645 PALM BEACH LAKES BLVD
SUITE #400
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 4905 Lantana Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lake Worth Florida

City & State

28

Zip

24 33463

Country

25 Palm Beach

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R
1645 PALM BEACH LAKES BLVD
SUITE #400
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

4. FEI Number

59-3306822

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 ☐

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 state of office

NOTE: Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME William B Hamilton
STREET ADDRESS 1645 P.B. Lakes Blvd, #400
CITY-ST-ZIP WPB, FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. President, Director ☐ Change ☒ Addition

1.2 NAME William B. Hamilton
1.3 STREET ADDRESS 1645 P.B. Lakes Blvd #400
1.4 CITY-ST-ZIP WPB, FL 33401

2.1 TITLE President, Director ☐ Change ☒ Addition

2.2 NAME Frances Santangelo
2.3 STREET ADDRESS 1645 P.B. Lakes Blvd #400
2.4 CITY-ST-ZIP WPB, FL 33401

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

Signature and typed or printed name of signing officer or director

5/1/96 (407) 686-2586
Day/Time Phone

CR2E034 (12/95)