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FILED
May 08 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 # P95000014995 (1)

1. Corporation Name
CONSOLIDATED HEALTH SYSTEMS, INC.



Principal Place of Business

4905 LANTANA RD
LAKEWORTH FL 33463
US

Mailing Address

1645 PALM BEACH LAKES BLVD
SUITE #400
WEST PALM BEACH FL 33401-2216

3. Date Incorporated or Qualified
02/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2326 S. Congress Ave

Suite, Apt. #, etc.

22 F-1

City & State

23 West Palm Beach, FL

24 33406

Country

25 Palm Beach

26 33401

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27 33401

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2a. Mailing Address

26 2290 10th Ave. North

Suite, Apt. #, etc.

27 #602

City & State

28 Lake Worth, FL

Zip

29 33461

Country

30 Palm Beach

Country

31 Palm Beach

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48 Palm Beach

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52 Palm Beach

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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 title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME HAMILTON, WILLIAM B
STREET ADDRESS 1645 PB LAKES BLVD #400
CITY-ST-ZIP WPB FL

TITLE PD ☐ DELETE

NAME SANTANGELO, FRANCIS
STREET ADDRESS 1645 P B LAKES BLVD #400
CITY-ST-ZIP WPB FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

WILLIAM B HAMILTON

4/30/97

5/1/98

CF2E034 (9/96)