

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 # P95000015568 (5)
1. Corporation Name

CONTINUING MEDICAL SERVICES, INC.



Principal Place of Business

4004 WEST SAILBOAT DRIVE
COOPER CITY FL 33026

Mailing Address

4004 WEST SAILBOAT DRIVE
COOPER CITY FL 33026

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report

4. FEI Number

65-0559166

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

2. Principal Place of Business

21 2400 W 84th Street

22 Suite, Apt. #, etc.

23 Suite 12

City & State

24 Hialeah FL

25 Zip

33016

Country

26 Dade

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HANLEY, MICHAEL W
4004 WEST SAILBOAT DRIVE
COOPER CITY FL 33026

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

Elaine Salow V.P.

(NOTE: Registered Agent signature required when reappointing)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HANLEY, MICHAEL W
STREET ADDRESS 4004 WEST SAILBOAT DRIVE
CITY - ST - ZIP COOPER CITY FL 33026

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Elaine Salow
12104 Sailboat Way
Cooper City, FL 33026

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Magie Stanley
10341 SW 15th Street
Pembroke Pines, FL 33025

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Elaine Salow Vice President

4-30-96 (305) 820-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (12/95)