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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 # P95000036817 (1)

1. Corporation Name

ADVANCED CASE MANAGEMENT, INC.

Principal Place of Business

3445 NW 55 ST.
FT. LAUDERDALE FL 33309

Mailing Address

3445 NW 55 ST.
FT. LAUDERDALE FL 33309-6308



3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 5237 NW 33 AVE
Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE FL
Zip

24 33309

Country

2a. Mailing Address

26 5237 NW 33 AVE
Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE FL
Zip

29 33309

Country

30

4. FEI Number

65-0582018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BUCKMAN, ELCHA S
3445 NW 55 ST.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

ELCHA S. BUCKMAN

82 Street Address (P.O. Box Number is Not Acceptable)

83

5237 NW 33 AVE

84 City

FT LAUDERDALE

FL

85 Zip Code

33309

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

Elcha S. Buckman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
BUCKMAN, ELCHA S
STREET ADDRESS 3445 NW 55 ST.
CITY-ST-ZIP FT LAUDERDALE FL 33309

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SAME

☒ Change

☐ Addition

1.2 NAME

SAME

1.3 STREET ADDRESS

5237 NW 33 AVE

1.4 CITY-ST-ZIP

FORT LAUDERDALE FL 33309

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:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)