**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 # **P95000043827 (1)**

1. Corporation Name

**GALANTINI HEALTH SYSTEMS MANAGEMENT, INC.**

Principal Place of Business

**790 SOUTHWEST 158 WAY**
**PEMBROKE PINES FL 33027**

Mailing Address

**790 SOUTHWEST 158 WAY**
**PEMBROKE PINES FL 33027**

3. Date Incorporated or Qualified: **06/07/1995**

3a. Date of Last Report:

4. FEI Number: **65-0587942** ☐ 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 | Street Apt. #, etc.
22 |
City & State
23 |
Zip | Country
24 | 25

2a. Mailing Address

26 | 9720 PINES BLVD
Suite, Apt. #, etc.
27 |
City & State
28 | PEMBROKE PINES, FL
Zip | Country
29 | 33024-6228 | 30 | U S A

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**
**343 ALMERIA AVENUE**
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: KATHRYN GALANTINI
82 Street Address (P.O. Box Number is Not Acceptable): 790 SW 158TH WAY
83
84 City: PEMBROKE PINES | FL | 85 Zip Code: 33027

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathryn Galantini — DATE: 12.5.96
Signature, type or print name of registered agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: GALANTINI, KATHRYN M
STREET ADDRESS: 790 SOUTHWEST 158 WAY
CITY-ST-ZIP: PEMBROKE PINES FL 33027
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P S D — ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE: T — ☐ Change ☐ Addition
2.2 NAME: JOHN GALANTINI
2.3 STREET ADDRESS: 790 SW 158TH WAY
2.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33027

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)(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:** Kathryn Galantini — 12/5/96 — 954-435-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)