

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 06 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 # P95000064351 (6)

1. Corporation Name  
DECO HEALTHCARE SOLUTIONS, INC.



Principal Place of Business  
4575 SW 68TH COURT CIRCLE STE 3  
MIAMI FL 33155

Mailing Address  
6800 SW 40 STREET  
#233  
MIAMI FL 33155-3755  
US

3. Date Incorporated or Qualified: 08/18/1995  
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business  
21. Suite/Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite/Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

4. FEI Number: 65-0602595  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGGINS, DEBORAH  
4575 SW 68TH COURT CIRCLE STE 3  
MIAMI FL 33155

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME             | STREET ADDRESS                  | CITY - ST - ZIP | DELETE                   |
|-------|------------------|---------------------------------|-----------------|--------------------------|
| D     | COGGINS, DEBORAH | 4575 SW 68TH COURT CIRCLE STE 3 | MIAMI FL 33155  | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |
|       |                  |                                 |                 | <input type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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: Deborah A. Coggins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97  
305/669-4141  
Date Daytime Phone #

CR2E034 (9/96)