

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

FILED

Jan 31 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 # P95000093477 (4)

1. Corporation Name

DECISION MANAGEMENT INTERNATIONAL - HEALTH CARE
GROUP, INC.

Principal Place of Business

806 SMYTHONY BEACH LN
APOLLO BEACH FL 33572

Mailing Address

806 SMYTHONY BEACH LN
APOLLO BEACH FL 33572-2738



3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

02/23/1996

4. FEI Number

59-3355764

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HAHN, STEPHEN S
806 SMYTHONY BEACH LN
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name JACOBSON, RICHARD A.
82 Street Address (P.O. Box Number is Not Acceptable)
501 E. KENNEDY BLVD.
83 SUITE 1700
84 City TAMPA FL 85 Zip Code 33602

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HANN, STEPHEN S	
STREET ADDRESS	806 SMYTHONY BEACH LN	
CITY - ST - ZIP	APOLLO BEACH FL 33572	
TITLE	BY	☒ DELETE
NAME	MUNSON, JOHN M III	
STREET ADDRESS	12888 GUILFORD CIR	
CITY - ST - ZIP	WEST PALM BEACH FL 33414	
TITLE	DST	☐ DELETE
NAME	BENEVENTO, GEORGE M	
STREET ADDRESS	9209 WOODHURST CT	
CITY - ST - ZIP	LOUISVILLE KY 40222	
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 as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 813-641-3711
Date Daytime Phone #

CR2E034 (9/96)