

3-16-98 B-3302 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000015355 (6)

1. Corporation Name

CONTINUACARE OUTPATIENT MANAGEMENT, INC.



Principal Place of Business

100 S.E. 2 STREET
36TH FLOOR
MIAMI FL 33131

Mailing Address

100 S.E. 2 STREET
36TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

65-0643612

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St.

26 100 SE 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 36th Floor

27 36th Floor

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301-2525

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

☐ DELETE

TITLE

DP

NAME

FERNANDEZ, CHARLES M

STREET ADDRESS

100 S.E. 2 STREET, 36TH FLOOR

CITY-ST-ZIP

MIAMI FL 33131

TITLE

S

NAME

TARBE, SUSAN

STREET ADDRESS

100 S.E. 2 STREET, 36TH FLOOR

CITY-ST-ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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:



Charles M. Fernandez)

Date

Daytime Phone #

0177603

CR2E034 (10/97)