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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045601 (7)

1. Corporation Name

KAREN K. SENARENS, R.R.A. HEALTH INFORMATION MAN
AGEMENT CONSULTANTS, INC.



Principal Place of Business

7380 NORTHWEST 54TH STREET
FORT LAUDERDALE FL 33319

Mailing Address

7380 NORTHWEST 54TH STREET
FORT LAUDERDALE FL 33319-8344

2. Principal Place of Business

21 2460 SW 105 Terr

Suite, Apt. #, etc.

22 City & State

23 Ft. Laud, FL

24 Zip 33324

Country

25 USA

2a. Mailing Address

26 2460 SW 105 Terr.

Suite, Apt. #, etc.

27 City & State

28 Ft. Laud, FL

29 Zip 33324

Country USA

3. Date Incorporated or Qualified

05/29/1996

3a. Date of Last Report

initial report

4. FEI Number

105-0675531

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

SENARENS, KAREN K
7380 NORTHWEST 54TH STREET
FORT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name Karen K. Senarens

82 Street Address (P.O. Box Number is Not Acceptable)
2460 SW 105 Terr.

83

84 City Ft. Laud FL

FL

85 Zip Code 33324

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 *Wendell Senarens*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SENARENS, KAREN K
STREET ADDRESS 7380 NORTHWEST 54TH STREET
CITY - ST - ZIP FORT LAUDERDALE FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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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 2460 SW 105 Terr.
1.3 STREET ADDRESS Ft. Laud. FL 33324
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, if changed, or on an appointment with an address.

SIGNATURE *Wendell Senarens, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

954-382-0025

CR2E034 (9/96)