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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P96000046684 (2)

KRAEMER HEALTHCARE SERVICES, INC.

Principal Place of Business Mailing Address

## **FILED** May 08 1998 8:00am Secretary of State



Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  Ci	B640 PHILIPS HIGHWAY SUITE 24 JACKSONVILLE FL 32256		8640 PHILIPS HIGHN Jacksonville FL 3		DO NOT WRITE IN THIS SPACE		
2. Malling Address   2. Malling Address   3. FEI Number   1. Apr. 59.0387200   1. Apr. 59.038							
Sulte, Apt 4, etc.  27  City & State  Country  2p  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  2p  185    Name  185    Name  185    Street Address of New Registered Agent  2p  197    State    2p  198    Street Address (P.O. Box Number is Not Acceptable)  198    Street Address (P.O. Box Number is Not Acceptable)  199    Street Address (P.O. Box Number is Not Acceptable)  199    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Number is Not Acceptable)  190    Street Address (P.O. Box Numb	2. Principal P	lace of Business	2a. Mailing Address				
Suite, Apt. #, etc. 27 27 27 27 28 City & State 28 City & State 29 29 20 Country 20 20 20 20 20 20 20 20 20 20 20 20 20			28		59-3387200 Not Applicable		
City & State   City & State   City & State   City & State		₩, etc.	Suite, Apt. #, etc.		5 Certificate of Status Decired S8.75 Additional		
Zip   Country   Zip   Country   Added to					Fee Required		
24	23		28				
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent				<del></del>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
ELEFANT, FRED 1850 PRIDENTIAL DR SUITE 105 JACKSONVILLE FL 32207  82 Street Address (P.O. Box Number is Not Acceptable)  83 PA City FL 85 Zip Cr  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purposes of changing its office or registered agent, or both, in the State of Florida. Such change was sufficiently by the corporation submits this statement for the purposes of changing its office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE							
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 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 reagent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.  SIGNATURE    DELETE   11111LE   DATE   DATE	FI	<u> </u>		81 N			
ACKSOMMLE FL 32207    84	1650 PRUDENTIAL DR SUITE 105						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its orgent. Jam familiar with, and accept the objections of Sections 67.0502, Florida Statutes, agent. Jam familiar with, and accept the objections of Sections 67.0505, Florida Statutes, agent. Jam familiar with, and accept the objections of Sections 67.0505, Florida Statutes.  SIGNATURE  Signalus, types or private rare of regulational agent and title applications. (NOTE Regulations Agent separate when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ITILE  12. MAKE  SIRET ADDRESS  64. CITY-S1-2IP  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-S1-2IP  15. STREET ADDRESS  66. OFFICERS AND DIRECTORS  15. STREET ADDRESS  66. OFFICERS AND DIRECTORS  16. Change  17. STREET ADDRESS  66. OFFICERS AND DIRECTORS  16. CITY-S1-2IP  17. ITILE  10. DELETE  10. DELETE  11. ITILE  12. ITILE  12. ITILE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-S1-2IP  15. STREET ADDRESS  16. CITY-S1-2IP  17. STREET ADDRESS  17.					Street Address (P.O. Box Number is Not Acceptable)		
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE    Signatura, hyped or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE				83			
11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 reagent, I am familiar with, and accept the obligations of, Socion 607,0508, Florida Statutes.  SIGNATURE    Social Provision of Social Provision of Social Social Social Social Social Statutes.   (NOTE Registered Agent agenture required when reinstaling)   DATE				84 C	City 85 Zip Code		
SIGNATURE   Signature typed or pretent name of registrated agont and title if equiplication (NOTE Registrated Agont signature required when retinitating)	11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	tutes, the above-na			
SIGNATURE   Signatura, typed or private name of registrated agont and little   quiplicative   (NOTE Registrated Agont signatura required when retinitating)   DATE	office or r	registered agent, or both, in the Si	tate of Florida. Such change wi	as authorized by the	he corporation's board of directors, I hereby accept the appointment as registered		
Signatur, typed or printed name of regulated apent and title 4 explicables   (NOTE: Regulated Apent apenture required when relatativity)   DATE		an izirimai with, and zccopi the or	brigations of, Section 607:0505,	FIOIDA Statutes.			
TITLE     DELETE   1.1 TITLE     Change	SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (	NOTE: Registered Agent sig	signature regulard when reinstating) DATE		
NAME   STREET ADDRESS   S840 PHILIPS HIGHWAY SUITE 24   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
STREET ADDRESS   SACKSONVILLE FL 32258	TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition		
TITLE	NAME	Kraemer, Mark		1.2 NAME			
TITLE	STREET ADDRESS	8640 PHILIPS HIGHWAY :	SUITE 24	1.3 STREET ADD	DORESS		
NAME	CITY-ST-ZIP	JACKSONVILLE FL 32258	1	1.4 CITY - ST - ZIF	ZIP :		
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CITY-ST-ZIP	NAME			2.2 NAME	į		
TITLE	STREET ADDRESS			2.3 STREET ADD	DORESS		
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			☐ DELETE				
STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME			
	STREET ADDRESS				XDAESS X		
CITY-ST-ZIP 64 CITY-ST-ZIP							

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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in