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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000060737 (9)

COMMUNITY HEALTHCARE MANAGEMENT, INC.

## FILED May 02 1997 8:00am Secretary of State



		Mailing Address				- 1987,000 418 18418				
rincipal Piace										
12000 BISCAYNE BLVD. #705 12000 BISCAYN NORTH MIAMI FL 33181 NORTH MIAMI F										
						3. Date Incorporate 07/19/1996		3a. Dat	e of Last	Report
Principal Place of Business Suite, Apt. #, etc		2a. Mailing Address 26				4. FEI Number 65-06	80147	<del></del>		Applied For ot Applica
		Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional
City & State		City & State				6. Election Campai Trust Fund Contr	-		\$5.00	May Be
Zip	Country	Zip	Coun	try		8. This corporation				s. 199.032
	25		30			Florida Statutes			] No	
	9. Name and Address of Cur	rent Registered Agent		i.	<del></del>	10, Name and Add	ess of New Re	gistered A	gent	
	ENMAN, IRVING		Į.	81 N	lame					
	O BISCAYNE BLVD. #705 TH MIAMI FL 33181		Ē	<b>82</b> S	treet Addre	ss (P.O. Box Number	is Not Acceptab	le)	<del></del>	
			Ī	B3		- 1, - 17				
			Ē	<b>B4</b> C	ity			FL	<b>85</b> Zip	Code
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4. 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:

SIGNATURE AND TYPED

YPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR R.C.C.

PREEN MAN V

305) 89/-387