

... FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000063736 (8)
1. Corporation Name
COORDINATED HEALTH CARE SERVICES, INC.

Principal Place of Business
~~2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 34625~~

Mailing Address
~~2560 GULF TO BAY BLVD.
SUITE 300
CLEARWATER FL 34625~~

FILED
Mar 06 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4930 Sandpiper Lane Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33711 Country 25 USA		2a. Mailing Address 26 4930 Sandpiper Lane Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33711 Country 30 USA		3. Date Incorporated or Qualified 07/30/1996	
4. FEI Number 65-0739722		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GELBER, JACK K 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 34625		10. Name and Address of New Registered Agent 81 Name Bruce Frieman 82 Street Address (P.O. Box Number is Not Acceptable) 4930 Sandpiper Lane 83 84 City St. Petersburg FL 85 Zip Code 33711	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 *Bruce Frieman* Bruce Frieman - President 1/2/98
Signature typed or printed name of registered agent and title if applicable (None - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	4930 SANDPIPER LANE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, 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 in an attachment with an address.

SIGNATURE: *Bruce Frieman* BRUCE FRIEMAN 1/20/98 736-5120

CR2E034 (10/97)