

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthe  
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~~

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  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PSTD FRIEMAN, BRUCE	4930 SANDPIPER LANE SOUTH	ST PETERSBURG FL 33711	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplementary 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)