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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066524 (5)

1. Corporation Name

DOCTOR'S OFFICE COORDINATED SYSTEMS, INC.

Principal Place of Business

1526 WHITEHALL DRIVE
SUITE 202
FT. LAUDERDALE FL 33324

Mailing Address

1526 WHITEHALL DRIVE
SUITE 202
FT. LAUDERDALE FL 33324-0052

3. Date Incorporated or Qualified

08/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0687077

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

MAAS, EDWARD J
1526 WHITEHALL DR.
SUITE 202
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAAS, EDWARD J
STREET ADDRESS 1526 WHITEHALL DRIVE, SUITE 202
CITY-STATE-ZIP FT. LAUDERDALE FL 3

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 LE
1.2 ME
1.3 STREET ADDRESS
1.4 Y-STATE-ZIP

2.1 LE
2.2 ME
2.3 STREET ADDRESS
2.4 Y-STATE-ZIP

3.1 LE
3.2 ME
3.3 STREET ADDRESS
3.4 Y-STATE-ZIP

4.1 LE
4.2 ME
4.3 STREET ADDRESS
4.4 Y-STATE-ZIP

5.1 LE
5.2 ME
5.3 STREET ADDRESS
5.4 Y-STATE-ZIP

6.1 LE
6.2 ME
6.3 STREET ADDRESS
6.4 Y-STATE-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 attachment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J MAAS

4/21/97 954-423-1750

Date

Daytime Phone #

0204520

CR2E034 (9/96)