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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000096081 (0)

1. Corporation Name

~~PROFESSIONAL LEASING & BROKERAGE, INC.~~
HERNANDO COMPREHENSIVE MEDICAL CARE, INC.



Principal Place of Business

5303 LOCUST PLACE
NEW PORT RICHEY FL 34852-3736

Mailing Address

5303 LOCUST PLACE
NEW PORT RICHEY FL 34852-3736

3. Date Incorporated or Qualified
11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 11473 CORTEZ BLVD.

Suite, Apt. #, etc.

22 City & State

23 BROOKSVILLE - FLORIDA

Zip

Country

24 34613

25 U.S.A.

2a. Mailing Address

26 11473 CORTEZ BLVD.

Suite, Apt. #, etc.

27 City & State

28 BROOKSVILLE - FLORIDA

Zip

Country

29 34613

30 U.S.A.

4. FEI Number

☒ 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

LANE, LESTER E
5303 LOCUST PLACE
NEW PORT RICHEY FL 34852-3736

10. Name and Address of New Registered Agent

81 Name SALEH, MOHAMAD I.

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

11473 CORTEZ BLVD.

83

84 City

BROOKSVILLE - FL

85 Zip Code

34613

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

MOHAMAD I. SALEH

4/28/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LANE, LESTER E
STREET ADDRESS 5303 LOCUST PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34852-3736

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME SALEH, MOHAMAD I.
1.3 STREET ADDRESS 11473 CORTEZ BLVD.
1.4 CITY-ST-ZIP BROOKSVILLE - FLORIDA 34613

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 with an address.

SIGNATURE: X MOHAMAD I. SALEH - PRES. 4/28/97 (352) 597-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E034 (9/96)