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FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000010878 (1)

1. Corporation Name

SIGMA HEALTH CARE, INC.

Principal Place of Business

750 E SAMPLE RD  
BLDG 5 BAY 2  
POMPANO FL 33064

Mailing Address

750 E SAMPLE RD  
BLDG 5 BAY 2  
POMPANO FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

650723569

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AZARIPOUR, BEHROOZ  
376 NW 37TH WAY  
DEERFIELD BEACH FL 33442

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 ☐ DELETE

NAME AZARIPOUR, BEHROOZ

STREET ADDRESS 376 NW 37TH WAY  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE

NAME KHAYYMI, SAEED

STREET ADDRESS 3180 NE 48TH CT  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ DELETE

NAME QUEENLAND, JOAN

STREET ADDRESS 5824 SW 116TH AVE  
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME P/T AZARIPOUR BEHROOZ

1.3 STREET ADDRESS 376 nw 37 WAY  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME KHAYYAMI SAEED

2.3 STREET ADDRESS 6304 73th DR  
2.4 CITY-ST-ZIP PARKLAND, FL 33067

3.1 TITLE S/M ☐ Change ☐ Addition

3.2 NAME QUINLAND JOAN

3.3 STREET ADDRESS 18455 NW 9th CT  
3.4 CITY-ST-ZIP PEMBROK PINE, FL 33029

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

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3-13-98 954/7830287