

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 006 ***150.00

DOCUMENT # P97000056457

1. Corporation Name

PROFESSIONAL HEALTHCARE SERVICES, INC.

Principal Place of Business

525 SE 6TH AVE.
DELRAY BEACH FL 33483

Mailing Address

525 SE 6TH AVE.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-0713589

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 the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LAURENCE, JODI
7777 GLADES RD., STE. 300
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

E. NICHOLAS DAVIS, III

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

1903 S. CONGRESS AVE #400

83

84 City

BOYNTON BEACH

FL

85 Zip

33426

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 and printed name of registered agent and title if applicable.

E. NICHOLAS DAVIS, III

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PUSATERI, DANA
STREET ADDRESS 10323 EL CABALLO CT.
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE D ☒ DELETE

NAME SANTIAGO, MARTIN
STREET ADDRESS 6536 NW 97TH DR.
CITY-ST-ZIP PARKLAND FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

D/CEO/P

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

SK

☐ Change

☒ Addition

2.2 NAME

KOBRIN, ARTHUR P.

2.3 STREET ADDRESS

1903 S. CONGRESS AVE #400

2.4 CITY-ST-ZIP

BOYNTON BEACH, FL 33426

☐ Change

☒ Addition

3.1 TITLE

EXEC V. PRES

☐ Change

☒ Addition

3.2 NAME

DAVIS, E. NICHOLAS III

3.3 STREET ADDRESS

1903 S. CONGRESS AVE #400

3.4 CITY-ST-ZIP

BOYNTON BEACH, FL 33426

☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (561) 737-2227

Date

Daytime Phone #

CR2E034 (11/98)