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FILED
Apr 13 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 # P97000080059 (3)

1. Corporation Name

DISEASE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

C/O MARSHA G. MADORSKY, ESQUIRE
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

C/O MARSHA G. MADORSKY, ESQUIRE
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADORSKY, MARSHA G ESO
C/O MARSHA G. MADORSKY, ESQUIRE
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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 ☐ DELETE

NAME D
STREET ADDRESS ROTHSTEIN, JEFFREY
CITY-ST-ZIP 2000 S. BAYSHORE DRIVE, #41
MIAMI FL 33133

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

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 PRESIDENT
1.3 STREET ADDRESS ROTHSTEIN, JEFFREY
1.4 CITY-ST-ZIP 2000 S. BAYSHORE DRIVE #41
MIAMI, FL 33133

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SECRETARY
2.3 STREET ADDRESS JAMES H. HENSON
2.4 CITY-ST-ZIP 1400 N.E. 2ND AVE 1121 S.W. 76TH TRL
PLANTATION, FL 33317

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TREASURER
3.3 STREET ADDRESS KATHLEEN ZELLER
3.4 CITY-ST-ZIP 10211 E. CYPRUS COURT
DEMBROKE, FL 33026

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.

SIGNATURE:

[Signature]

JEFFREY ROTHSTEIN 4/1/98

(305) 856-0879

CR2E034 (10/97)