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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000083774 (4)

GLOBAL HEALTHCARE SERVICES, INCORPORATED						
Principal Place of Business Mailing Address				# I DESIABLI SIE ANTIN JENNI CONIS EGISL ORIJE WORDY INTON SLIDI IN	1811 18811 B181 1881	
3551 BONITA BAY BLVD 3551 BONITA BAY BLVD						
BONITA SPRING FL 34134 BONITA SPRING FL 3413				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	<u> </u>	
				· ·		
2. Principa	al Place of Business	2a. Mailing Address		09/25/1997 4. FEI Number	Applied For	
21		26		59-3474400	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		60	.75 Additional	
22		27			ee Required	
City & State		City & State		Election Campaign Financing	5.00 May Be	
23	28			Trust Fund Contribution A	dded to Fees	
Zip	Country	Zip	Country	<ol> <li>This corporation owes or has paid the current year.</li> </ol>		
24	25	29	30	Personal Property Tax due June 30. Yes		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name					<del></del>	
MODRICK, DAVID J ESO [(						
3551 BONITA BAY BLVD			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
l	BONITA SPRING FL 34134		83			
			03			
			84 City	FL  65	Zip Code	
11 Pureus	and to the provisions of Spotions 607 050	2 and 607 1508 Florida Statu	tos the above named	cornoration submits this statement for the nurses of chan	ning its registered	
office	or registered agent, or both, in the State	of Florida, Such change was	authorized by the corp	corporation submits this statement for the purpose of changoration's board of directors. I hereby accept the appointment	ant as registered	
agent.	1 am familiar with, and accept the obliga	thoris of, Section 607.0505, FI	orida Statutes.			
SIGNATUF	Signature typed or shrintrid name of registered ages	ni and title il applicable (NO	If Registered Agent signature	JATE DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE		DELETE	1.1 TITLE	P	nange 🗶 Addition	
NAME	4		1.2 NAME	Mourick, David J. Esq		
STREET ADDRE	ss		1.3 STREET ADDRESS	Mourick, David J. Esq 3551 Bonita Bay Blvd		
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Bonita Springs, FL 34134		
TITLE		☐ DELETE	2.1 TITLE	VP C	nange 🔀 Addition	
NAME			2.2 NAME	Donald E. Finn		
STREET ADORE	ss		2.3 STREET ADDRESS	3551 Bonita Bay Blvd		
CITY-ST-ZIP		——————————————————————————————————————	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE		☐ DELETE	3.1 TITLE	T C	nange 🔼 Addition	
NAME			3.2 NAME	Finn, Donald E.		
STREET ADDRES	ss		3.3 STREET ADDRESS	3551 Bonita Bay Blvd.		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DECES	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	none Tel Addition	
TITLE		DELETE	4.1 TITLE	S Cr	nange 🔀 Addition	
NAME			4. 2 NAME	Finn, Marion E.		
STREET ADDRES	SS .		4.3 STHEET ADDRESS	3551 Bonita Bay Blvd	į	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Bondto Candago El 2/13/	anno I delitica	
TITLE		☐ DELETE	5.1 TOLE	Bollica Springs, FE 34134 Ch	nange 🔲 Addition	
NAME			5.2 NAME			
STREET ADDRES	55		5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Ch	nange Addition	
TITLE		L. DELETE	61 TRLE		ange 1 Audilion	
NAME OTDECT ADDRESS			6.2 NAME			
STREET ADDRES	»		6.3 STREET ADDRESS		İ	

14. Thereby cortify 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 3 if changed, or on an attachment with an address.

Daivid Mourick, Esq. 4/28/98 (941) 947-0353