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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90196 037 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000009629

1. Corporation Name

ADVISORY SERVICES FOR HEALTHCARE, INC.

Principal Place of Business

2101 CORPORATE BOULEVARD
SUITE 216
BOCA RATON FL 33431

Mailing Address

2101 CORPORATE BOULEVARD
SUITE 216
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0814767

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

21 6301 N.W. 5 Way

Suite, Apt. #, etc.

22 Suite 5010

City & State

23 Fort Lauderdale, FL

Zip Country

24 33309 25 USA

2a. Mailing Address

26 6301 N.W. 5 Way

Suite, Apt. #, etc.

27 Suite 5010

City & State

28 Fort Lauderdale, FL

Zip Country

29 33309 30 USA

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BOULEVARD
SUITE 216
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

Suite 107

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
BLACK, NED
STREET ADDRESS 2101 CORPORATE BOULEVARD, SUITE 216
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME D
JACKMAN, M. STEPHEN
STREET ADDRESS 2101 CORPORATE BOULEVARD, SUITE 216
CITY-ST-ZIP BOCA RATON FL 33431

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6301 N.W. 5 Way, Suite 5010
Fort Lauderdale, FL 33309

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6301 N.W. 5 Way, Suite 5010
Fort Lauderdale, FL 33309

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)