PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800063110

1. Corporation Name OVERALL HEALTH MANAGEMENT SERVICES, INC. Principal Place of Business 4000 HOLLYWOOD BLVD STE. 485 SOUTH PRESIDENTIAL CIRCLE HOLLYWOOD FL 33021 Mailing Address 4000 HOLLYWOOD BLVD STE. 485 SOUTH PRESIDENTIAL CIRCLE HOLLYWOOD FL 33021								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/13/1909					
2 Procingt D	2. Principal Place of Business				7069				07/17/1998 4. FEI Number		- 	Applied Fox	1
21				2a. Mailing Address					65-0857618	}		Not Applicable	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.75	Additional	1.
22			27						5. Certificate of Status Desired		Fee	Required	_
				City & State					6. Election Campeign Financing S5.00 May Be				
23			28						Trust Fund Contribution Added to Fees				
Zir		Country		Zip		Com	itry		8. This corporation owes the cur	rent year inta		-	1
24	25	'	29	<u> </u>		30			Personal Property Tax.		[]Yes	□ No	4
	9. Name an	d Address of Curre	ent Regi	stered Agent			61 Na		10. Name and Address of New	Registered A	vg ent		┨
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COHEN, MARK D 4000 HOLLYWOOD BLVD., STE. 485			S SOLT	ะกาทา			62 Str	et Addre	ss (P.O. Box Number is Not Accept	able)			1
PRESIDENTIAL CIRCLE				ООТП			63						┨
	LYWOOD FL						ا"						_[_
HOLETHOOD FE 35021							84 Cit	,		FL	35 Zip	Code	1
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SIGNATURE		<u>//) \) / / / / / / / / / / / / / / / /</u>								647			
	Signature, higher or	peted name of registered at			(NOTE		gent signe	ure required	when reinstaking)	CATE	DIRECT	ORS IN 12	á
12.		OFFICERS A		ECTORS		13.		ure required	when reinstating) ADDITION:S/CHANGES TO OF				11/08)
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14. Hereby certify that the information supplied with this filing does not qualify for the accurate and that my signature shall have be same logal effect as if made under cath; that I am an officer or director of the corporation or the raceiver or trustee empowered to execute this report as required by Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

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Ometime Shope #

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90039 044 ***150.00