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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S14126 (4)

1. Corporation Name

COST EFFECTIVE HEALTHCARE SERVICES, INC.



Principal Place of Business

1000 NORTHWEST 15 STREET  
BOCA RATON FL 33486  
US

Mailing Address

1000 NW 15 STREET  
BOCA RATON FL 33486-1331  
US

3. Date Incorporated or Qualified

11/21/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 500 W. CYPRESS CREEK RD.

2a. Mailing Address

26 500 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

Suite Apt. #, etc.

22 740

27 Ste 740

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale FL

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

MANN, ROBERT E, ESQ.  
1000 NW 15 STREET  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 to protect name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME RUSSAKOFF, DON  
STREET ADDRESS 1000 NW 15 STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE P ☐ DELETE

NAME SHURGIN, DAVID  
STREET ADDRESS 1000 NORTHWEST 15 STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE VS ☐ DELETE

NAME MANN, ROBERT  
STREET ADDRESS 1000 NW 15 STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE

NAME GARTNER, DAVID  
STREET ADDRESS 1000 NW 15TH ST  
CITY-ST-ZIP BOCA RATON FL

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

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 500 W. CYPRESS CREEK ROAD STE 740  
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 500 W. CYPRESS CREEK ROAD STE 740  
24 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 500 W. CYPRESS CREEK ROAD STE 740  
34 CITY-ST-ZIP FT. LAUDERDALE FL 33309

41 TITLE ☒ Change ☐ Addition

42 NAME  
43 STREET ADDRESS 500 W. CYPRESS CREEK ROAD STE 740  
44 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E MANN

1.6.97

Date

954. 938. 0025

Daytime Phone #

CR2E034 (9/96)