

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S15484** (6)

1. Corporation Name

**COMPULAB HEALTH CARE SYSTEMS CORPORATION**



Principal Place of Business

**2755 E OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306  
US**

Mailing Address

**% JAMES O. BIRR, JR.  
2881 E. OAKLAND PARK BLVD., SUITE 300  
FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified  
**11/29/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**65-0234616**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRR, JAMES O., JR.  
2881 E. OAKLAND PARK BLVD.  
SUITE 300  
FT. LAUDERDALE FL 33306**

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 the date of signature

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PS**

☐ DELETE

NAME

**SELIM, KAMPEAS**

STREET ADDRESS

**2755 E OAKLAND PK**

CITY- ST- ZIP

**FT. LAUDERDALE FL**

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