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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

(6)

COMPULAB HEALTH CARE SYSTEMS CORPORATION

rincipal Place o	f Business	М	Mailing Address							
2755 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 US			% JAMES O. BIRR, JR. 2881 E. OAKLAND PARK BLVD SUITE 300 FT. LAUDERDALE FL 33306			Dute Incorporated or Qualified 11/29/1990	3a. [3a. Date of Last Report 05/01/1995		
. Principal Plac	e of Business	2a	, Mailing Address				4. FEENumber	.1	P	pplied For
			6			65-0234616 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
		27	City & State		-		6. Hection Campaign Financing			May Be
City & State		28	Ony & Otento				Trust Fund Contribution		Added	to Fees
Zip Country			Zip Country			8. This corporation has liability for intangible tax under s 199.032,				
	25	29				Florida Stalutes X Yes No 10, Name and Address of New Registered Agent				
	9. Name and Address of Curre	ent Regi	stered Agent	81	Ι.	Name	ID. Name and Address of New	.09.0.0		
D)DD 141	450 A ID			_	ı		ddress (P.O. Box Number is Not Acceptat	40)		
BIRR, JAMES O., JR. 2881 E. OAKLAND PARK BLVD.				82	z Street Addre		odress (P.O. Box Norhold is Not Acceptate			
SUITE 30				83	t					
	DERDALE FL 33306			84	+	City			85 Zı	o Code
				1	1	-	poration submits this statement for the purposed of directors. Thereby accept the app			paintored offi
familiar with	n, and accept the obligations of, Se signature, typed or printed name of registered by	ent and the	rijonga Starotes.	1E. Bespitated Age			position stabilities this statement for the page of directors. I hereby accept the appearance of the a	EM	·	
2	OFFICERS A	ND DIRE	CTORS DELETE	13.		т	ADDITIONS/CHANGES TO OFF	IUE NO A	Change	Addition
'LF	PS CELIM MANDEAS		Ditter	1.11112F						_
AMI	SELIM, KAMPEAS 2755 E OAKLAND PK			1.3 STREE		ADDRESS				
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ILE			☐ DELETE	2 1 TI*LE					☐ Change	☐ Addition
AME				2.2 NAME						
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REET ADDRESS				3.3 SIRE	۴ſ	ADDRESS				
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IAME						LADOPESS				
TREET ADDRESS				64.0114	. 5	\$1 - 21P				
DITY-S1-ZIP 14. I do hereb	L by certify that the information suppli	ed with th	his filing is voluntarily fun				Ify for the exemption stated in Section 11 curate and that my signature shall have the	9.07(3)(k se same	t), Florida Stati Iogal effect as	utes. I further if made unde
14. I do hereb certify that oath; that appears in	by certify that the information Supplit the information indicated on this a Lam an officer or director of the co n Block 12 or Block 13 if changed,	ennual reporation or on an	port or supplemental and n or the receiver or trusto attachment with an add	nual report is see entrowers	ir.	ue aud ac 10 Paecut	ary for the exemption stated in Section 11 counts and that my signature shall have the this report as required by Chapter 607,	ne same Florida S	legal effect as Statutes: and th	if made u nat my na

MIG OFFICER OR DIRECTOR