

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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 28 JAMES O. ROSENBERG 2801 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306 |
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|--------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/29/1990 | 3a. Date of Last Report 04/02/1996 |
| 21 Suite, Apt. #, etc. | | 26 c/o Arthur Rosenberg | | 4. FEI Number 65-0234616 | Applied For Not Applicable |
| 22 City & State | | 27 4875 North Federal Hwy | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Ft. Lauderdale FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 33308 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | | 30 USA | | | |

| | | | | | | | |
|---|--|--|--|---|----------------------------|----|-------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| 28 JAMES O. ROSENBERG 2801 E OAKLAND PARK BLVD SUITE 300 FT. LAUDERDALE FL 33306 | | | | 81 Name | Arthur Rosenberg | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 4875 North Federal Highway | | |
| | | | | 83 | Seventh Floor | | |
| | | | | 84 City | Ft. Lauderdale | 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 *Arthur Rosenberg* DATE *2/28/97*

| | | | | | | | |
|----------------------------|--------------------|--|--------------------|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PS | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SELM, KAMPEAS | | 1.2 NAME | Fields, Simon | | | |
| STREET ADDRESS | 2755 E OAKLAND PK | | 1.3 STREET ADDRESS | 2755 East Oakland Park Blvd | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | 1.4 CITY-ST-ZIP | Ft. Lauderdale FL 33306 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Simon Fields* DATE *2/25/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0202575

CR2E034 (9/96)