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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15484

COMPUL	AB HEALTH CARE SYSTEM	IS CORP	ORATION				A AMONDAN ING TIRBA NATA NATA	II 3 8 331 8781 898 1	AHARI AHARI BARKI A	1811 1481 1881
Principal Place	of Business	Mailing	Address	u.	***	7	\$ 100/1010 tot trant entre nea	it søftt ardt atant	Albit Bibli Bibli i	11811 61611 1881
2755 E OAKLAND PARK BLVD. C/ ARTHUR ROSENBERG FT. LAUDERDALE FL 33306 4875 NORTH FEDERAL HW) US FT. LAUDERDALE FL 33308 US				,		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	•	03					29/1990		•	
a Principal Pl	lace of Business	2a. Mail	ling Address				Number		Ap	plied For
		26				65	0234616			t Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.			5. Cert	tifcate of Status Desired		\$8.75 / Fee Re	I
City & State	e		& State			6. Elec	ction Campaign Financi	ng 🗆	\$5.00	May Be
23	•	28					st Fund Contribution			to Fees
Zip	Country	Zip		Country	y .		corporation owes the o	current year li	ntangible	
24	25	29		30			sonal Property Tax.	w Bosistaro	X Yes	□No
	g. Name and Address of Current	t Registered	d Agent	81	Name	10. Nar	ne and Address of Ne	w registere	Agent	
POS	ENBERG, ARTHUR			L	1					
CO 4875	NORTH FEDERAL HIGHWAY		Company of	82	Street Addr	ress (P.O. E	Box Number is Not Acce	eptable)		
SEVE	ENTH FLOOR			83	3			110010	新 斯特 74	
	LAUDERDALE FL 33308							e this child	Vost 716	Code
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44 Pursuant	to the provisions of Sections 607.0502	2 and 607.15	508, Florida Statut	tes, the abov	/e-named corp	oration sub	mits this statement for	the purpose of	or changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of t	2 and 607.15 of Florida. Si	508, Florida Statut uch change was a tion 607,0505. Flo	tes, the above authorized by orida Statutes	/e-named corp / the corporations.	oration sub ion's board	omits this statement for of directors. I hereby ac	the purpose occept the app	ointment as re	gistered
it : agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	2 and 607.15 of Florida. So tions of, Sec	508, Florida Statut uch change was a tion 607.0505, Flo	tes, the above authorized by orida Statutes	ve-named corp ve-named corp very the corporations.	ooration sub ion's board	omits this statement for of directors. I hereby ac	the purpose occept the app	ointment as re	gistered
11. Pursuant office or nagent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations of the state of the section of t	uons or, sec	(IOI) 607.0303, FIC	orida Otaldio.	ve-named corp y the corporation s.	ed when reinstat	ting) , f	DATE		<u> </u>
it : agent. I a	Signature, typed or printed name of registered agent OFFICERS ANI	it and title if appli	cable. (NOTE	E: Registered Age	ant signature require	ed when reinstal	ting) / HANGES TO	DATE	AND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	it and title if appli	cable. (NOTE	E: Registered Age 13. 1.1 TITLE	ent signature require	ed when reinstal	ting) , f	DATE		<u> </u>
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14. I 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 antaciment with an address, with alkother like empowered.

SIGNATURE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90020 012 ***150.00