

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S74841** (5)

1. Corporation Name

**COMPREHENSIVE MEDICAL SPECIALTIES, INC.**

Principal Place of Business

Mailing Address

1200 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134  
US

1200 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WILFRED BRACERAS**  
1200 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
**08/19/1991**

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

4. FEI Number  
**65-0282852**

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

10. Name and Address of New Registered Agent

81 Name

**WILFRED BRACERAS**

82 Street Address (P.O. Box Number is Not Acceptable)

**590 West 20th Street**

83

84 City

**MIAMI**

FL

85 Zip Code

**33010**

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

*W. Bracer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/26/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	<b>DPST</b>	<b>BRACERAS WILFRED</b>	<b>1200 PONCE DE LEON BLVD.</b>
<input type="checkbox"/> DELETE	<b>BRACERAS WILFRED</b>	<b>1200 PONCE DE LEON BLVD.</b>	<b>CORAL GABLES FL</b>
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DPST</b>	<b>BRACERAS, WILFRED</b>	<b>590 West 20th Street</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*W. Bracer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/96**

Date

Daytime Phone #

CR2E034 (12/95)