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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

<u> </u>		1990	·····	250 M. 31	 										
	OCUI		<b>"</b> #	V10248	3	(5)									
1.	Corporation		AL 01	-0140-0 114		` '									
	PHUVE	N MEDIC	JAL SI	ervices, inc	j,						)	HALL BOARD O			
Principal Place of Business						Mailing Address					A HAMIN MILLONY HERRY WANTED HINDH MIRKON	1914 91911 6	1811 81811 B1811	<b>41811 81811 1881</b>	
9658 GLADES RD						9858 GLADES RD									
,	STE 170 BOCA RATON	I FI 33434				STE 170 BOCA RATON FL <b>3343</b> 4									
US						US					3. Date incorporated or Qualified	1	ate of Last F	•	
	2. Principa! Place of Business					2a. Mailing Address					01/28/1992 4. FEI Number	·	08/07/19	Applied For	_
21	Timopa Trace of Edamos					26					65-0316277			Not Applicable	_
	Suite, Apt. #	uite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	V		5 Additional	7
22	O'- B O					27						Λ_		Required	
23	City & State				28	City & State					Election Campaign Financing     Trust Fund Contribution			May Be	
	Zip	p Country				Zip Coui					8. This corporation has liability for	ntangible			
24		25			29	29 30					Florida Statutes				
L		9, Name	and Ac	Idress of Curren	t Regis	tered Agent		81	Name		10. Name and Address of New R	egistere	d Agent		_
	HADDAD	DALAD A							Name						
HARROD, DAVID A 9858 GLADES RD									Street A	Addres	ress (P.O. Box Number is Not Acceptable)				
STE 170						}						*************			
BOCA RATON FL 33434									Ca		THE STATE OF THE S		BE   7	Codo	
								84	City			F	L   85   Zi	ip Code	
11	. Pursuant te	o the provisi	ions of S	ections 607,0502 the State of Florid	and 60 la. Such	7.1508, Florida Statutes	s, the abo	ove-n	arned con	rporati	on submits this statement for the pur of directors. I hereby accept the appe	pose of c	hanging its	registered office	ē
	familiar wit	h, and acce	ept the ot	ligations of, Section	on 607.	0505, Florida Stat <b>utes</b> .		50,170	5141051101	2.00.00	or an octor of the copy decoupt the appr		ao rog eteroc	a ugora. I tarr	İ
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12				OFFICERS AND			13.				ADDITIONS/CHANGES TO OFF		ND DIRECTO	DRS IN 12	- 69
7171	l Ē	D				DELETE	1 1	TITLE					Change	Addition	CR2E034 (12/95)
NA		HARROD, DAVID A.						1.2 NAME							8
	9858 GLADES RD STE 170 9-81-ZIP BOCA RTON FL					•			ADDRESS						2E(
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C(1Y+S1-ZIP TITLE						54 GT DELETE 6 1 TH			· 211′			······	Change	Addition	-
						here of							- 0	Parent	-

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 City -\$1-2iP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiptr or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or or an attrichment with an address. 954-646-2044