

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 # **V20563** (5)

1. Corporation Name

C & S MEDICAL SERVICES, INC.



Principal Place of Business

**401 CORAL WAY
SUITE 405
MIAMI FL 33129**

Mailing Address

**401 CORAL WAY
SUITE 405
MIAMI FL 33134
US**

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0327354

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

29

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA AGENCY ANNUAL REPORT SERVICES INC.
1036 SW 1 ST
MIAMI FL 33130-1094**

81 Name

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

83

84 City

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

Signature taken in person at the Department of State

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

**PD
HERMAN, FRANKLIN R JR
7925 SW 124 ST
MIAMI FL 33156**

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

9. NAME ☐ DELETE

10. NAME ☐ DELETE

11. NAME ☐ DELETE

12. NAME ☐ DELETE

13. NAME ☐ DELETE

14. NAME ☐ DELETE

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26. NAME ☐ DELETE

27. NAME ☐ DELETE

28. NAME ☐ DELETE

29. NAME ☐ DELETE

30. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(b) 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:

Franklin R Herman 2/6/96 (305) 442-6786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)