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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V34821

(1)

CSMC OF RHODE ISLAND, INC.

**FILED** Apr 02 1997 8:00am Secretary of State



								<i>!</i>
Principal Place of Business Mailing Address					4 1991 Bligger (1)(1 21821 1919 1981 181	å:4(1 E1E(1 B101) Ø)		11812 1841
3250 MARY STREET 3250 MARY STREE								
5TH FLOOR		5TH FLOOR						
MIAMI FL 3313	13	MIAMI FL 33133-5232				T 2 2 2 2 2		
					3. Date incorporated or Qualified 05/08/1992	3a, Date of 05/01/1		aport
2. Principal Flace of Business 2a, Mailing Address					4. FEI Number	Applied For		
26		26	_		65-0346225	Not Applicat		t Applicable
Suite, Apt #, etc. 27		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				-	6. Election Campaign Financing	\$	5.00	May Be
28		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation has liability for			199.032,
4	25	29 30	)			Yes No		
	g. Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agen	<u>.t</u>	
WE	SER, SHERWOOD M.		81	Name				
325	O MARY STREET		82	Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)		<u>,,,,,,,,, </u>
STE	500							
MIA	MI FL 33133		63					
			-	<u> </u>		154	7:-	Cada
			84	City		FL 65	Zipi	Code
12.	Signal ire, typed or printed name of registered a OFFICERS A	agent and title if applicable (NOTE: F	legistered Age	nt signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFK	DATE CERS AND DIR	ECTOF	IS IN 12
THLE	P	DELETE			DCP		Change	Addition
NAME	WEISER, SHERWOOD M.		1.2 NAME					
STREET ADDRESS	3250 MARY ST., STE 500		1.3 STREET	ADDRESS				
CITY-S1-ZIP	MIMAI FL		1.4 CiTY - S	T-ZIP				
THE	DAS	☐ DELETE	2.1 TETLE				Change	Addition
NAME	WEISER, JUDITH		2.2 NAME					
STREET ADDRESS	3250 MARY ST., STE 500		2.3 STREET ADDRESS					
€/TY - ST - 2)P	MIAMI FL		2. 4 CITY-ST-ZIP					
TITLE	DAS	DELETE	3.1 TITLE				Change	Addition
NAME	LEFTON, DONALD E.		3.2 NAME					
STREET ADDRESS	3250 MARY ST. STE 500		3 3 STREET	ADORESS				
CITY - ST - 7IP	MIAMI FL		3.4. CITY-ST-ZIP					11
THTLE	D DODAN O	☐ DELETE	4.1 TITLE			السا	Change	Addition
NAME	FISHER, ROBYN C.		4 2 NAME	1				
STREET ADDRESS	3250 MARY STREET		43 STREET					
CITY-ST-7P	MIAMI FL	Doctor	4.4 CITY-ST-ZIP				Change	Addition
101E	VST	☐ DELETE	5.1 TITLE			<u></u> ,	HGHIਊE	L.J. MODRION
NAME	TEMLING, W. PETER 3250 MARY ST., STE 500		5.2 NAME	ADDDCOO				
STREET ADDRESS	MIAMI FL		5.3 STREET					
CITY-ST-ZIP	VAS	DELETE	5.4 CITY - S	1 - ZIP		17	Change	Addition
TITLE	HEWITT, THOMAS F.	☐ DEFEIG	6.1 TITLE		•	السا	histriñe	- AUGHOOI
NAME CARGOL ADORDECC	3250 MARY ST., STE 500		6.2 NAME	Annacon				
STREET ADDRESS	DESCRIPTION OF SIE SOO		6.3 STREET	AUUNESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY-5					

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. (305)445-2493

SIGNATURE:

Daytime Phone #