

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46173** (3)

1. Corporation Name
STRATEGIC HEALTHCARE SERVICES, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD S 317 CORAL GABLES FL 33134 US	717 PONCE DE LEON BLVD S 317 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/26/1992	3a. Date of Last Report 04/13/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

4. FEI Number 65-0351282	Applied For <input type="checkbox"/> Not Applicable
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22 City & State	27 City & State
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip	28 Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip	25 Country	29 Zip	30 Country
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
LEE, SUNG
717 PONCE DE LEON BLVD
S317
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name **GALE SADDLER**
82 Street Address (P.O. Box Number is Not Acceptable) **717 Ponce de Leon Blvd. #317**
83
84 City **Coral Gables** FL 85 Zip Code **33134**

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 *Gale Saddler* DATE **1/19/95**

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEE, SUNG
STREET ADDRESS	720 CORAL WAY 6-B
CITY - ST - ZIP	CORAL GABLES FL
TITLE	S
NAME	GOSS, PHIL
STREET ADDRESS	717 PONCE DE LEON BLVD S317
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZHANNA GAVRILUK
1.3 STREET ADDRESS	4350 LAUREL GROVE #202
1.4 CITY - ST - ZIP	Studio City, CA. 91604
2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brett Friedman
2.3 STREET ADDRESS	5 Hutton Center Dr. #1025
2.4 CITY - ST - ZIP	Santa Ana, CA. 92707
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(h), Florida Statutes. I further certify that the information included 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: *Brett Friedman* DATE **Jan 19 1995** PHONE NUMBER **714 650-1001**