

**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 # **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**

3. Date Incorporated or Qualified **06/26/1992** 3a. Date of Last Report **01/25/1995**  
4. FEI Number **65-0351282** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

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 **Saddler, Gale**  
82 Street Address (P.O. Box Number is Not Acceptable) **717 Ponce de Leon Blvd.**  
83 **Suite 322**  
84 City **Coral Gables, FL 85 Zip Code 33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0506, Florida Statutes.  
SIGNATURE *Gale A. Saddler* DATE **7/15/96**

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
P **ZHANNA, GAVRILVK** 4350 LUREL GROVE STE 202 STUDIO CITY FL  
S **FRIEDMAN, BRETT** 5 HUTTON CENTNE DR 1025 SARTA ANA CA  
[DELETED]  
[DELETED]  
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP  
2.1 TITLE **Secretary** 2.2 NAME **Saddler, Gale** 2.3 STREET ADDRESS **717 Ponce de Leon Blvd. #312** 2.4 CITY- ST- ZIP **Coral Gables, Florida 33134**  
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(5)(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 if changed, or on an attachment with an address.

SIGNATURE: *Gale A. Saddler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

CR2E034 (12/95)