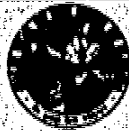


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V47557 (6)

1. Corporation Name

HSSI MEDICARE HOME OFFICE, INC.

Principal Place of Business

**6245 N FEDERAL HIGHWAY
SUITE 300
FT. LAUDERDALE FL 33316**

Mailing Address

**6245 N FEDERAL HIGHWAY
SUITE 300
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0341842

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 franchise tax under S. 189.052,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

400

2a. Mailing Address

26

Suite, Apt. #, etc.

400

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**PEARLMAN, CHARLES B.
700 SE THIRD AVENUE
SUITE 300
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

SCOTT KOEGLER

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

6245 N FEDERAL HWY #400

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33308

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

Scott Koehler
Signature, typed or printed name of registered agent and the if applicable

SCOTT KOEGLER, ASST SECTY

04-11-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD

CASS, RONALD A

**6245 N. FEDERAL HIGHWAY, #500
FT. LAUDERDALE FL 33308**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

LECHNER, BRIAN M

**6245 N. FEDERAL HIGHWAY, #500
FT. LAUDERDALE FL 33308**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

MARMORSTEIN, WARREN

**6245 N. FEDERAL HIGHWAY, #500
FT. LAUDERDALE FL 33308**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

PEARLMAN, CHARLES B

**700 S.E. 3RD AVE., #300
FT. LAUDERDALE FL 33316**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

KOEGLER, SCOTT,

**6245 N. FEDERAL HWY. #500
FT. LAUDERDALE FL 33308**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

#400

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

#400

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

**200 E LAS OLAS BLVD #1900
FT LAUDERDALE FL 33301**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

#400

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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:

Scott Koehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KOEGLER, ASST SECTY

04-11-95 (305) 771-0500

Date

Daytime Phone #

OPTIONAL OF