

FILE NOW. FILING FEE AFTER MAY 1 IS \$500.00.

FILED

Apr 15 1997 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V63582 (3)

1. Corporation Name

Florida Referrals, Inc.

Principal Place of Business

1999 University Drive
Suite 300
Coral Springs, FL. 33071

Mailing Address

1999 University Drive
Suite 300
Coral Springs, FL. 33071

3. Date Incorporated or Qualified
9/14/92

3a. Date of Last Report
4/22/96

2. Principal Place of Business

21 1999 University Dr.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Coral Springs, FL

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 1999 University Dr.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Coral Springs, FL

Zip

29 33071

Country

30 USA

4. FEI Number

65-0388242

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

9. Name and Address of Current Registered Agent

Wites, Rubin
1999 University Drive
Suite 300
Coral Springs, FL. 33071

10. Name and Address of New Registered Agent

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 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when retreating)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Wites, Rubin
STREET ADDRESS 1999 University Dr., Suite 300
CITY-ST-ZIP Coral Springs, FL. 33071

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wites, Rubin RUBIN WITES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

954-752-5100

Daytime Phone #