

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68873 (1)

1. Corporation Name:

ROLLINS HUDIG HALL HEALTHCARE RISK, INC.

Principal Place of Business:

123 NORTH WACKER DR.
26 FLOOR
CHICAGO IL 60606

Mailing Address:

123 NORTH WACKER DR.
26 FLOOR
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/06/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0360418

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

21

2a. Mailing Address:

22

22. Suite, Apt. #, etc.

Principal Place of Bus./Mailing Address

23. City & State

123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606

24. Zip

County: COOK

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33224

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 607.0902 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the person filing this report)

Signature of Registered Agent (if different from the person filing this report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

NAME	STREET ADDRESS	CITY & STATE
P EVERETT, FRANCES B	123 N. WACKER DR.	CHICAGO IL 60606
V HANNER, JEROME S	123 N. WACKER DR.	CHICAGO IL 60606
T RABIN, PAUL I	123 N. ACKER DR.	CHICAGO IL 60606
S JESCHKE, ARLENE	123 N. WALKER DR.	CHICAGO IL
AV GROB, ROBERT	123 N. WACKER DR.	CHICAGO IL
VD HUNGER, DANIEL F	123 N. WACKER DR.	CHICAGO IL 60606

NAME	STREET ADDRESS	CITY & STATE	Change	Addition
1. NAME	1. STREET ADDRESS	1. CITY & STATE	☐	☐
2. NAME	2. STREET ADDRESS	2. CITY & STATE	☐	☐
3. NAME	3. STREET ADDRESS	3. CITY & STATE	☐	☐
4. NAME	4. STREET ADDRESS	4. CITY & STATE	☐	☐
5. NAME	5. STREET ADDRESS	5. CITY & STATE	☐	☐
6. NAME	6. STREET ADDRESS	6. CITY & STATE	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.021-199.021-001, 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 signed under oath. That I am an officer or director of the corporation or the member 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 of this report, or on an attachment with an address.

SIGNATURE:

Robert Grob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

312-701-3978

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

4/28/95 11:05:57

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # V69268

(3)

1. Corporation Name

DAVIA ODELL MAZUR, P.A.

Principal Place of Business

3230 STIRLING RD.
HOLLYWOOD FL 33021
US

Mailing Address

3230 STIRLING RD.
HOLLYWOOD FL 33021-2041
US

DO NOT WRITE IN THIS SPACE

3. Date first represented or qualified 10/07/1992 3a. Date of Last Report 04/27/1994

4. FEI Number 65-0364389 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

7. The corporation has elected to pay intangible tax under s. 199.03, 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 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZUR, DAVIA ODELL
3230 STIRLING ROAD
HOLLYWOOD FL 33021

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 607.0502 and 607.1506, 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

Signature of Registered Agent (Printed name of the Registered Agent)

Signature of Registered Agent (Printed name of the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAZUR, DAVIA ODELL
STREET ADDRESS 3230 STIRLING ROAD
CITY, ST, ZIP HOLLYWOOD FL
TITLE ST
NAME MAZUR, DAVIA ODELL
STREET ADDRESS 3230 STIRLING ROAD
CITY, ST, ZIP HOLLYWOOD FL
TITLE
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82. NAME
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87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 135.01(7) and 135.01(8), 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 135, Florida Statutes, and that my name appears on Block 12 or Block 13 of Chapter 135, Florida Statutes, and that my name appears on Block 12 or Block 13 of Chapter 135, Florida Statutes.

SIGNATURE:

Davia Odell Mazur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305)986-9600