FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68873** **(1)**

1. Corporate Name

ROLLINS HUDIG HALL HEALTHCARE RISK, INC.

Principal Place of Business	Mailing Address
123 NORTH WACKER DR. 26 FLOOR CHICAGO IL 60606	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**

2. Principal Place of Business — 2a. Mailing Address

21

Suite, Apt. #, etc. — 22

City, & State — 23

Zip — 24 — County

Pricipal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
County: COOK

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 § 199.032, Florida Statutes ☒ Yes ☐ No

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '?'	
1?	P	1?	☐ Change ☐ Addition
NAME	EVERETT, FRANCES B	? NAME	
STREET ADDRESS	123 N. WACKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60606	? CITY ST ZIP	
1?	V	1?	☐ Change ☐ Addition
NAME	HANNER, JEROME S	? NAME	
STREET ADDRESS	123 N. WACKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60606	? CITY ST ZIP	
1?	T	1?	☐ Change ☐ Addition
NAME	RABIN, PAUL I	? NAME	
STREET ADDRESS	123 N. ACKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60606	? CITY ST ZIP	
1?	S	1?	☐ Change ☐ Addition
NAME	JESCHKE, ARLENE	? NAME	
STREET ADDRESS	123 N. WALKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	? CITY ST ZIP	
1?	AV	1?	☐ Change ☐ Addition
NAME	GROB, ROBERT	? NAME	
STREET ADDRESS	123 N. WACKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	? CITY ST ZIP	
1?	VD	1?	☐ Change ☐ Addition
NAME	HUNGER, DANIEL F	? NAME	
STREET ADDRESS	123 N. WACKER DR.	? STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60606	? CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of Section 607.1622, 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 above, or on an attachment with an address.

SIGNATURE: Robert Grob ROBERT GROB — 4/26/95 — 312-701-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385436 CP

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Secretary of State

APPROVED AND FILED

DOCUMENT # V69268 (3)

1. Corporate Name

DAVIA ODELL MAZUR, P.A.

Principal Place of Business	Mailing Address
3230 STIRLING RD. HOLLYWOOD FL 33021 US	3230 STIRLING RD. HOLLYWOOD FL 33021-2041 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1992

3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 65-0364389 ☐ Applied For ☐ Not Applicable

Suite Apt # etc. — 22:

Suite Apt # etc. — 27:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

ZIP — 24: County — 25: ZIP — 29: County — 30:

8. The corporation has stock for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAZUR, DAVIA ODELL
3230 STIRLING ROAD
HOLLYWOOD FL 33021

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MAZUR, DAVIA ODELL	12 NAME	
STREET ADDRESS	3230 STIRLING ROAD	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MAZUR, DAVIA ODELL	22 NAME	
STREET ADDRESS	3230 STIRLING ROAD	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Davia Odell Mazur 4/28/95 (305)986-9600

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — DAYTIME PHONE NUMBER

0003537 CP