FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **353967** **(3)**

1. Corporation Name

DOCTOR'S BUSINESS SERVICE, INC.

Principal Place of Business

~~4560 SABINE DRIVE~~
~~GULF BREEZE FL 32561~~
7352 Mulberry Ln.
Navarre, Fl. 32566

Mailing Address

~~4560 SABINE DRIVE~~
~~GULF BREEZE FL 32561~~
7352 Mulberry Lane
Navarre, Fl. 32566

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/16/1969

3a. Date of Last Report: 02/14/1995

4. FEI Number: 59-1272386 — 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**

JOHNSON, JEANNE L.
~~4560 SABINE DRIVE~~
~~GULF BREEZE FL 32561~~
7352 Mulberry Lane
Navarre, Fl. 32566

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: (Signature of New Registered Agent) (Signature of Former Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUNDY, MARY E	1.2 NAME	
STREET ADDRESS	5918 N. DAVIS HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JEANNE L.	2.2 NAME	
STREET ADDRESS	~~4560 SABINE DR.~~ 7352 Mulberry Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~GULF BREEZE FL~~ Navarre, Fl. 32566	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, JANET L	3.2 NAME	
STREET ADDRESS	10 LANTANA TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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: Jeanne L. Johnson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jeanne L. Johnson — 1-29-96 — DATE — 904-936-0053 — Daytime Phone #

CR2E034 (12/95)