

**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 # **683852** (8)

1. Corporation Name  
**CORPORATE MEDICAL SERVICES, INC.**



Principal Place of Business: 1543 PALMETTO LANE SARASOTA FL 34236-2417  
Mailing Address: 1543 PALMETTO LANE SARASOTA FL 34236-2417

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/07/1980</b>  | 3a. Date of Last Report<br><b>03/08/1995</b>           |
| 4. FEI Number<br><b>59-2046358</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |               |               |
|--|---|---------------|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25 | Country<br>30 |
|--|---|---------------|---------------|

**9. Name and Address of Current Registered Agent**

**CONN, EVA LORENE  
1543 PALMETTO LN  
SARASOTA, FL  
33577**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, type or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                    | DELETED                         |
|----------------------------|--------------------|---------------------------------|
| TITLE                      | PD                 | <input type="checkbox"/> DELETE |
| NAME                       | BROWN, BILL C      |                                 |
| STREET ADDRESS             | 1543 PALMETTO LN   |                                 |
| CITY - ST - ZIP            | SARASOTA, FL 00000 |                                 |
| TITLE                      | STD                | <input type="checkbox"/> DELETE |
| NAME                       | BRONW, PATRICIA    |                                 |
| STREET ADDRESS             | 1543 PALMETTO LN   |                                 |
| CITY - ST - ZIP            | SARASOTA, FL 00000 |                                 |
| TITLE                      |                    | <input type="checkbox"/> DELETE |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY - ST - ZIP            |                    |                                 |
| TITLE                      |                    | <input type="checkbox"/> DELETE |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY - ST - ZIP            |                    |                                 |
| TITLE                      |                    | <input type="checkbox"/> DELETE |
| NAME                       |                    |                                 |
| STREET ADDRESS             |                    |                                 |
| CITY - ST - ZIP            |                    |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY - ST - ZIP                                   |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY - ST - ZIP                                   |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY - ST - ZIP                                   |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY - ST - ZIP                                   |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY - ST - ZIP                                   |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 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)(c), 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, 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: \_\_\_\_\_ DATE: 1/31/96 DAYTIME PHONE: 813-365-1169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)