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May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **J94533** **(3)**

1. Corporation Name
AMERICAN EXAMINATION SERVICES, INC.

Principal Place of Business	Mailing Address
4401 EMERSON ST STE 10 JACKSONVILLE FL 32207-1954	4401 EMERSON ST STE 10 JACKSONVILLE FL 32207-1954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1987

2. Principal Place of Business	2a. Mailing Address
21 4190 Belfort Rd.	26 4190 Belfort Rd.
Suite, Apt. #, etc. 22 Suite 110	Suite, Apt. #, etc. 27 Suite 110
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32216 Country 25 USA	Zip 29 32216 Country 30 USA

4. FEI Number: 59-2851436 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURST, TIM J 4401 EMERSON STREET SUITE 10 JACKSONVILLE FL 32207	81 Name: Alicia S. Goldstein-Burst 82 Street Address (P.O. Box Number is Not Acceptable): 960 Ponte Vedra Blvd. 83 84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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: Alicia S. Goldstein Burst — DATE: 5/14/98
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURST, TIM J.		1.2 NAME		
STREET ADDRESS	P.O. BOX 1636 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Sec/Treas	☒ Change ☐ Addition
NAME	GOLDSTEIN, ALICIA S.		2.2 NAME	Alicia S. Goldstein-Burst	
STREET ADDRESS	P.O. BOX 1636 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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.

Alicia S. Goldstein Burst — (904) 332-8410