

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # M78217 (0)

1. Corporation Name

HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATE
D

Principal Place of Business

Mailing Address

%STEPHEN P. GRIGGS
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811

%STEPHEN P. GRIGGS
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2893039

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIGGS, STEPHEN P.
4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
KENNEDY, WILLIAM P.
4506 L.B. MCLEOD ROAD
ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

DELETE

X Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRES/ASST. SEC./DIR
STEPHEN P. GRIGGS
4506 LB MCLEOD RD., STE F.
ORLANDO FL 32811

3.2 NAME

3.3 STREET ADDRESS

DELETE

X Change

Addition

SEC/TREAS/DIRECTOR
REBECCA R. IRISH
4506 LB MCLEOD RD., STE F.
ORLANDO FL 32811

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

DELETE

X Change

Addition

X Change

Addition

X Change

Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE:

Rebecca R. Irish
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR
REBECCA R. IRISH

2/6/95 (407)841-2115

(Date)

(Typed Name)