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Mar 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000017515 (3)

1. Corporation Name:  
FAITH MEDICAL SERVICES, INC.



Principal Place of Business: 2000 MAIN ST #407 FT MYERS FL 33901  
Mailing Address: P O BOX 1269 FT MYERS FL 33902-1269

3. Date Incorporated or Qualified: 02/26/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0647934  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

2. Principal Place of Business: 21 1645 Colonial Boulevard  
22 Suite, Apt. #, etc.: [Blank]  
23 City & State: Fort Myers, FL  
24 Zip: 33907, 25 Country: Lee

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

9. Name and Address of Current Registered Agent:  
GRIFFITH, ALLAN T P.A.  
2000 MAIN STREET #407  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent:  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank], 85 Zip Code: FL [Blank]

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

|                 |                   |  |
|-----------------|-------------------|--|
| TITLE           | PD                | <input checked="" type="checkbox"/> DELETE |
| NAME            | GRIFFITH, ALLAN T |  |
| STREET ADDRESS  | 2000 MAIN ST #407 |  |
| CITY - ST - ZIP | FT MYERS FL 33901 |  |
| 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 |                   |  |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |  |
| STREET ADDRESS  |                   |  |
| CITY - ST - ZIP |                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                      |  |
|---------------------|----------------------|--|
| 11 TITLE            | pd                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME             | Susanne Ferguson     |  |
| 13 STREET ADDRESS   | 2401 SW 27th Avenue  |  |
| 14 CITY - ST - ZIP  | Cape Coral, FL 33914 |  |
| 2.1 TITLE           | S                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | Jennifer S. Stengel  |  |
| 2.3 STREET ADDRESS  | 2401 SW 27th Avenue  |  |
| 2.4 CITY - ST - ZIP | Cape Coral, FL 33914 |  |
| 3.1 TITLE           | T                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | Samantha DeMarco     |  |
| 3.3 STREET ADDRESS  | 1113 SW 45th Terrace |  |
| 3.4 CITY - ST - ZIP | Cape Coral, FL 33914 |  |
| 4.1 TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                      |  |
| 4.3 STREET ADDRESS  |                      |  |
| 4.4 CITY - ST - ZIP |                      |  |
| 5.1 TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                      |  |
| 5.3 STREET ADDRESS  |                      |  |
| 5.4 CITY - ST - ZIP |                      |  |
| 6.1 TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                      |  |
| 6.3 STREET ADDRESS  |                      |  |
| 6.4 CITY - ST - ZIP |                      |  |

14. I do 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.

SIGNATURE: [Signature] 2-19-97 941-418-0775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)