

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 16 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 # P96000017515 (3)  
1. Corporation Name  
FAITH MEDICAL SERVICES, INC.



Principal Place of Business: 1645 COLONIAL BOULEVARD, FORT MYERS FL 33907 US  
Mailing Address: P O BOX 1269, FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1996  
4. FEI Number: 65-0647934  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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: ALLAN T. GRIFFITH, 2100 McGregor Boulevard, Fort Myers, FL 33901

11. Pursuant to the provisions of Sections 607.0602 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 607.1506, Florida Statutes.

SIGNATURE: *Allan T. Griffith* Allan T. Griffith, Reg. Agent 1/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, SUSANNE	1.2 NAME	
STREET ADDRESS	2401 S.W. 27TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGEL, JENNIFER S	2.2 NAME	
STREET ADDRESS	2401 S.W. 27TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, SAMANTHA	3.2 NAME	
STREET ADDRESS	1113 S.W. 45TH TERRAE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Susanne L. Ferguson* 1/27/98 941-418-0775

CR2E034 (10/97)