03021999-90195-034-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036647

1. Corporation Name

MIMA SERVICES, INC.

Principal Place of Business	Mailing Address
1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE FL 32901	1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **04/22/1998**	
21 200 E. Sheridan Road	26 200 E. Sheridan Road	4. FEI Number 59-3524363	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Melbourne, FL	City & State 28 Melbourne, FL	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24 32901	Country 25 Brevard	Zip 29 32901	Country 30 Brevard	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOHRR, PHILIP F 1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE FL 32901	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 D	☒ DELETE	1.1 TITLE President		☒ Change	☐ Addition
NAME NOHRR, PHILIP F		1.2 NAME Robert C. Seelman			
STREET ADDRESS 1800 WEST HIBISCUS BLVD.		1.3 STREET ADDRESS 200 E. Sheridan Road			
CITY-ST-ZIP MELBOURNE FL 32901		1.4 CITY-ST-ZIP Melbourne, FL 32901			
TITLE Vice President & Director	☐ DELETE	2.1 TITLE Medical Director		☐ Change	☒ Addition
NAME H. Phillips Stall		2.2 NAME Martin W. Isenman			
STREET ADDRESS 200 E. Sheridan Road		2.3 STREET ADDRESS 200 E. Sheridan Road			
CITY-ST-ZIP Melbourne, FL 32901		2.4 CITY-ST-ZIP Melbourne, FL 32901			
TITLE Secretary	☐ DELETE	3.1 TITLE Director		☐ Change	☒ Addition
NAME G. David Gardner		3.2 NAME Joseph A. McClure			
STREET ADDRESS 200 E. Sheridan Road		3.3 STREET ADDRESS 200 E. Sheridan Road			
CITY-ST-ZIP Melbourne, FL 32901		3.4 CITY-ST-ZIP Melbourne, FL 32901			
TITLE Treasurer	☐ DELETE	4.1 TITLE Director		☐ Change	☒ Addition
NAME Kenneth S. Graff		4.2 NAME Richard B. Moore			
STREET ADDRESS 200 E. Sheridan Road		4.3 STREET ADDRESS 200 E. Sheridan Road			
CITY-ST-ZIP Melbourne, FL 32901		4.4 CITY-ST-ZIP Melbourne, FL 32901			
TITLE Director	☐ DELETE	5.1 TITLE Director		☐ Change	☒ Addition
NAME Jeffrey A. Alper		5.2 NAME C. Mario Oliveira			
STREET ADDRESS 200 E. Sheridan Road		5.3 STREET ADDRESS 200 E. Sheridan Road			
CITY-ST-ZIP Melbourne, FL 32901		5.4 CITY-ST-ZIP Melbourne, FL 32901			
TITLE Director	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME Joseph A. Gurri		6.2 NAME			
STREET ADDRESS 200 E. Sheridan Road		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: ✗ _Martin Auman_ MO   1/28/55   725-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #