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

APPROVED AND FILED

95 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **300700** **(2)**

1. Corporation Name

THE PHYSICIANS ADMINISTRATIVE SERVICE, INC.

Principal Place of Business	Mailing Address
250 ROYAL PALM WAY, #200 PALM BEACH FL 33480	250 ROYAL PALM WAY, #200 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1966**

3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. # or Other (22) / (27)

City & State (23) / (28)

County (25) / (30)

4. FEI Number: **59-1163329** — 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. Does corporation owe back taxes under s. 193.092, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TURNER, HENRY L III
13244 POLO CLUB ROAD
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	TURNER, HENRY L III	1 NAME	
1 STREET ADDRESS	13244 POLO CLUB ROAD	1 STREET ADDRESS	
1 CITY ST ZIP	WELLINGTON FL 33414	1 CITY ST ZIP	
2 TITLE	VP	2 TITLE	☐ Change ☐ Addition
2 NAME	TURNER, HENRY H	2 NAME	
2 STREET ADDRESS	13244 POLO CLUB ROAD	2 STREET ADDRESS	
2 CITY ST ZIP	WELLINGTON FL 33414	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 13 above or on an attachment with an address.

SIGNATURE: Henry L. Turner III, Pres — 5.7.95 — 407-683-3042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

HENRY L. TURNER III

0278817 CP