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 13 AM 10:43

DOCUMENT # 525925 (4)

1. Corporation Name
MEDICAL SERVICES AND SUPPORT, INC.

Principal Place of Business	Mailing Address
4753 CENTRAL AVENUE PO BOX 13700 ST PETERSBURG FL 33713-5139 US	PO BOX 13700 4753 CENTRAL AVE ST PETERSBURG FL 33713 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1977
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 300 1st Avenue South	26 PO Box 13700
Suite, Apt. #, etc. 22 Suite 403	Suite, Apt. #, etc. 27
City & State 23 St Pete FL	City & State 28 St Pete FL
Zip 24 33701 Country 25 USA	Zip 29 33701 Country 30 USA

4. FEI Number: 59-1724874 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ESSMAN, RICHARD A.
4753 CENTRAL AVE
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Essman, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable): 300 1st Avenue South
83: Suite 403
84 City: St Pete FL 85 Zip Code: 33701

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: Richard A. Essman MD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	ESSMAN, RICHARD	1.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	1.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St Pete, FL 33701	
TITLE	STD	2.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, LARRY J.	2.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	2.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St Pete, FL 33701	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	SONGSTER, CURTIS L.	3.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	3.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St Pete, FL 33701	
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH JR., DENNIS J.	4.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	4.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St Pete, FL 33701	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Richard A. Essman MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (813) 894-7188
Daytime Phone Number

0300770 CP