

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 23 1996 8:00 am
Secretary of State

DOCUMENT # 525925 (4)

1. Corporation Name
MEDICAL SERVICES AND SUPPORT, INC.



Principal Place of Business
300 1ST AVENUE SOUTH
SUITE 403
ST PETERSBURG FL 33701
US

Mailing Address
PO BOX 13700
ST PETERSBURG FL 33701
US

3. Date Incorporated or Qualified
03/01/1977

3a. Date of Last Report
02/13/1995

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

2. Principal Place of Business
21 603 - 7th St. South
Suite, Apt. #, etc.
22 Suite 580
City & State
23 St. Petersburg FL
Zip Country
24 33701 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 33701 30 US

9. Name and Address of Current Registered Agent

ESSMAN, RICHARD A.
300 1ST AVENUE SOUTH
SUITE 403
ST. PETERSBURG FL 33701

603 7th St. So. # 580
St. Petersburg, FL 33701

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 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, by text or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	ESSMAN, RICHARD	300 1ST AVE SO, SUITE 403	ST. PETERSBURG FL	<input type="checkbox"/>
STD	DAVIS, LARRY J.	300 1ST AVE SO, SUITE 403	ST. PETERSBURG FL	<input type="checkbox"/>
VD	SONGSTER, CURTIS L.	300 1ST AVE SO, SUITE 403	ST. PETERSBURG FL	<input type="checkbox"/>
VD	SMITH JR., DENNIS J.	300 1ST AVE SO, SUITE 403	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		603 - 7th St. South # 580	St. Petersburg, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		603 - 7th St. South # 580	St. Petersburg, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		603 - 7th St. South # 580	St. Petersburg, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
		603 - 7th St. South # 580	St. Petersburg, FL 33701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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. Esmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Feb 96

Date

Daytime Phone #

CR2E034 (12/95)