FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of Sta DIVISION OF CORPOR

1998

Principal Place of Business

1. Corporation Name 525925 (4)

MEDICAL SERVICES AND SUPPORT, INC.

Mailing Address

LILED								
May 13 199	98 8:00am							
× Secretary	of State							

EH ED



11/20198

CLIRUC 1850

803 7TH STRE SUITE 580 ST. PETERSBI US		PO BOX 13700 ST PETERSBURG FL 33701 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
A Black B	10	Ta National Additional			03/01/1977 4. FEI Number	114	- Line Con		
·	ace of Business	2a. Mailing Address	. ~ 1	2			pplied For		
21 Cuita And	4 oto		100 C	10	V. 59-1724874		ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Suite 200			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State	2000	<u> </u>	6. Election Campaign Financing		May Be		
23		28 MIVIEYA	<u>Xui</u>	7, P	Trust Fund Contribution		to Fees		
Zip	Country	7p 22 UNL	Country		8. This corporation owes or has paid the curre		1		
24	[25]		30		Personal Property Tax due June 30. 10. Name and Address of New Registered A		No		
	SMAN, RICHARD A.		L	1447110					
	77H STREET SOUTH		82	Street /	Address (P.O. Box Number is Not Acceptable)				
	SUITE 580								
ST.	PETERSBURG FL 33701		83						
			84	City		85 Zip	Code		
	10	and 607 4600 Florida Out 4	- the	<u> </u>	FL	hanciss	ite registered		
fice or re	egistered agent, or both, in the State c	if Florida. Such change was at	uthorized by	/ the corp	corporation submits this statement for the purpose of cooration's board of directors. I hereby accept the appo	intment as	s registered		
agent. I ar	m familiar with, and accept the obligat	ions of, Section 60 7.0 505, Flor	rida Statute	3.			_		
SIGNATURE									
	Signature, typed or printed name of registered agent			erutangia Ins	required when reinstaling) DATE	DIRECTO	DC IN 12		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition		
TITLE	ESSMAN, RICHARD	Decerte	1.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME	603 7TH STREET SOUTH, SUI	TC 500		1000000	Alan Levin, M.D. 1289 Garden Rd. Suite 200		ļ,		
STREET ADDRESS		IE 980			7389 GUILLE & 2004 CI 231/016		Į!		
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	1.4 City - 9	5T - Z(P	Riviera Brach, Fl 33404	Change	Addition		
TITLE	STD CAME LADDY (CA DECEME	21 TITLE		A 10 143	Onlange	A rounton		
NAME	DAVIS, LARRY J.	TC 200	2 2 NAME		Robert P. Wynn 7289 Garden Rd. Suite &	100			
STREET ADDRESS	603 7TH STREET SOUTH, SUI	IE 280	2 3 STREFT		7089 GOLDEN RU 23/100	/			
CITY-ST-ZIP	ST. PETERSBURG FL	X DELETE	2 4 CITY-	ST-ZIP	RIVLEIA BEACH, FL 33404	Change	X Addition		
TITLE	VD	M DECE IE	31 TITLE		AS/AT		A		
NAME	SONGSTER, CURTIS L.	PP 500	3.2 NAME		breyory A. Marsh Sut he	`			
STREET ADDRESS	603 7TH STREET SOUTH, SUI	1E 580	3 3 \$1REE1		bregory A. Marsh Suite 20 7289 Gardon Ad. Suite 20 Biviera Beach PL 3340	16			
CITY-ST-ZIP	ST. PETERSBURG FL	N DELETE	3 4. CITY-	ST-ZIP	DIVITYA DEACH, PL 8390	Y Change	Addition		
TITLE	AD DEFINITION	DELETE	41 TITLE		.	crente	C VORHOU		
NAME	SMITH JR., DENNIS J.	FF 500	4 2 NAME						
STREET ADDRESS	603 7TH STREET SOUTH, SUI	IE 580	4 3 STREET						
CITY-ST-ZIP	\$T. PETERSBURG FL	- A DELETE	4.4 CITY - S	ST-ZIP		104			
TITLE		☐ DELETE	5.1 TITLE		<u> </u>	Change	Addition		
NAME			5.2 NAME				[
STREET ADDRESS			5.3 STREE	i			ł		
CITY-ST-ZIP			5.4 CITY-5	31 - ZIP		T 04	- Adams		
TITLE		☐ DELETE	6.1 TITLE		Į	Change	Addition		
NAME			6.2 NAME				ļ		
DORESS			6.3 STREET	ADDRESS			[
CITY-ST-ZIP			6.4 CITY - 9						
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.									