

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # 631182 (3)

1. Corporation Name

AMERIMED ADMINISTRATIVE SERVICES, INC.



Principal Place of Business

P.O. BOX 15735
TAMPA FL 33684

Mailing Address

P.O. BOX 15735
TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1979

3a. Date of Last Report

01/16/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

WILHITE, SARAH
3812 GUNN HWY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

ROBERT T. WILHITE

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 200

83

3812 W. LINEBAUGH AVE.

84 City

Tampa

FL

85 Zip Code

33624

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

ROBERT T. WILHITE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WILHITE, ROBERT T
STREET ADDRESS 3812 W. LINEBAUGH AVE
CITY-ST-ZIP TAMPA FL 33624

TITLE STD ☒ DELETE
NAME WILHITE, SARAH B
STREET ADDRESS 3812 W. LINEBAUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE PD ☒ DELETE
NAME YATES, LORNA G
STREET ADDRESS 3812 W. LINE BAUGH AVENUE
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ DELETE
NAME MAYBURY, P. CALVIN
STREET ADDRESS 3812 W. LINEBAUGH AVENUE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN : 2

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

9-10-97

CR2E034 (4/97)