FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

JACKSONVILLE FL 32204

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

22

1648 OSCEOLA ST.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

MAGNOLIA MEDICAL SERVICES, INC.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

1648 OSCEOLA ST. JACKSONVILLE FL 32204

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

1/9/98 3182215500

Applied For

\$8.75 Additional

Not Applicable

10/19/1979

59-1957081

5. Certificate of Status Desired

4. FEI Number

22		27						, Certificate of Status Desired		Fee Re	equired
City & Sta	te	City	City & State			6.	Election Campaign Financing		\$5.00	May Be	
23	,	28						Trust Fund Contribution			to Fees
Zìp	Country	Zip		Cor	intry		8.	. This corporation owes or has pa	id the cui	rent year Inf	tangible
24	9. Name and Address	29		30				Personal Property Tax due June	зо. [Yes [⊒ №
			10.	Name and Address of New Re	gistered	Agent					
ODONNELL, JAMES D.					81	Name					
1648 OSCEOLA ST.					82	Street Addre	See /6	P.O. Box Number is Not Acceptab	10)		· .
JACKSONVILLE FL 32204					-	Olicel Addit	, cc	box Number is Not Acceptate	ile)		
					83						
					84	Oit.					
					04	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.15	08, Fiorida Statute	s, the at	oove-	named corp	oratio	on submits this statement for the p	urpose of	changing it	s 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	Signature, typed or printed name of re	gistered agent and title if appl	icable (NOTE.	Registered	i Agent	signature require	d when	reinstating)	DATE		
12.		CERS AND DIRECTOR	RS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	PS		☐ DELETE	1.1 TI	LE					Change	Addition
NAME	ROTHROCK, ROBIN			1.2 NA	ME						
STREET ADDRESS	210 KINGS HIGHWAY	•		1.3 ST.	REET AI	DORESS					- 1
CITY-ST-ZIP	SHREVEPORT LA				Y-ST-						
TITLE			☐ DELETE	2.1 TIT						Change	Addition
NAME				2.2 NA	ME					_ •	_
STREET ADDRESS				2.3 ST	REET AT	DDRESS					
CITY - ST - ZIP				2. 4 Ci							ļ
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NAME				3,2 NA							
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CITY-ST-ZIP				3.4, CI							İ
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STREET ADDRESS						DORESS					İ
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NAME				5.2 NAI						011001990	
STREET ADDRESS				5.3 STR		nprec					
CITY-ST-ZIP											
TITLE			I DELETE	5.4 CIT 6.1 TITL		CIF				Change	Addition
NAME				6.2 NAM					;	- Ondrige	☐ vaquinou
STREET ADDRESS						222					į
				6.3 STR							ļ
CITY-ST-ZIP	ertify that the information sur	nnlied with this filing o	loce not qualify for	6.4 CIT	nntin	n stated in S	action	n 110 07/9Vi) Florido Statutos 14	udbar car	+ifi. that tha!	lafa-matia-
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.											