SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99 (3559) (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

MAGNOLIA MEDICAL SERVICES, INC.

ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
TLE	DELETE	4.1 TITLE	Change Addition
ME (4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TLE	DELETE	5.1 TITLE	Change Addition
AME)		52 NAME	,
REET ADDRESS		5 3 STREET ADDRESS	
TY-ST-ZiP		5.4 CITY-ST-ZIP	
TLE	DELETE	6.1 TITLE	Change Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6 4 CITY-ST-ZIP	

FILED						
Jul 20, 1999 8:00 am						
Secretary of State						
07 00 1000 0000 000 ***********						

07-20-1999 90005 025 ***550.00

Principal Place	e of Business	Mailing Address						
1648 OSCEOLA	ST.	1648 OSCEOLA ST.	1648 OSCEOLA ST.					
JACKSONVILLE	FL 32204	JACKSONVILLE FL 32204	JACKSONVILLE FL 32204		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
		•			10/19/1979			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-1957081 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22		27			5. Certificate of Status Desired Fee Required			
City & State	9	City & State	-		6. Election Campaign Financing \$5.00 May Be			
23		28	·		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year			
24	25	29	30		Intangible Personal Property. Yes No			
	9. Name and Address of Curre	nt Registered Agent		04 1	10. Name and Address of New Registered Agent			
000	ADMENT JAMES D			81 Name	le			
	NNELL, JAMES D. OSCEOLA ST.		Ī	82 Stree	et Address (P.O. Box Number is Not Acceptable)			
	(SONVILLE FL 32204		į					
JACI	CONVILLE FL 32204			83				
				84 City	FL 85 Zip Code			
44 5	6-4	00 4 007 4500 Clasida Ctable	- +					
11. Pursuant office or	to the provisions of sections 607.050 registered agent, or both, in the Stat	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the abo authorized	ve-named by the cor	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered			
ageлt. I a	em familiar with, and accept the obliq	gations of, section 607.0505, Flo	orida Statu	ıtes.				
SIGNATURE .					sature required when reinstating DATE			
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ed Agent signa	adure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS CITICERS A	DELETE	1.1 T(T)	.E	Change Addition			
NAME	ROTHROCK, ROBIN	C Deceie	1.2 NA		Unlarge Transfer			
STREET ADDRESS	210 KINGS HIGHWAY		1	EET ADDRESS				
CITY-ST-ZIP	SHREVEPORT LA			Y-ST-ZIP	~			
TITLE	OTTREVET OF BY	DELETE	2.1 TIT		Change Addition			
NAME			2.2 NA	VE				
STREET ADDRESS				EET ADDRESS				
į				Y-ST-ZIP				
CITY-ST-ZIP		DOELETE	3.1 TIT		Change Addition			
NAME			3.2 NAI		Change House			
STREET ADDRESS				FET ADDRESS	s			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	4.1 TITS		Change Addition			
NAME			4.2 NAI	_	Change C Addition			
ì			- 1	AC EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP	~			
CITY-ST-ZIP TITLE		The ere	5.1 TITI		Change Addition			
Į		L DELETE	5 2 NA		Change Addition			
NAME			1	EET ADDRESS				
STREET ADDRESS					9			
CITY-ST-ZiP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE			Change Addition \			
NAME			6.2 NAI					
STREET ADDRESS				EET ADDRESS	8			
CITY-ST-ZIP	wife, that the information and the desired	th this filing does not smallful for the		Y-ST-ZIP	Lin caction 110 07(3)(i) Florida Statutos further conflict that the information			
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.								

SIGNATURE:

CR2E034 (5/99)