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**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # F08539 (1)**

1. Corporation Name  
**CONSOLIDATED HEALTH SERVICES, INC.**



Principal Place of Business Mailing Address

**C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32207  
US**

**C/O WILLIAM C. MASON  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32207-8047  
US**

3. Date Incorporated or Qualified **12/08/1980** 3a. Date of Last Report **08/05/1996**

4. FEI Number **59-2059710** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY  
GENERAL COUNSEL  
1301 RIVERPLACE BLVD., SUITE 1700  
JACKSONVILLE FL 32202**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~  DELETE NAME **MASON, WILLIAM C** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ~~D~~  DELETE NAME **DEVANEY, EVERETT M** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ~~D~~  DELETE NAME **DVORAK, ROBERT M** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ~~D~~  DELETE NAME **GREENE, A. HUGH** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ~~D~~  DELETE NAME **LOGUE, JOHN W** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ~~D~~  DELETE NAME **THOMPSON, CAROL C** STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700** CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DC**  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 **DT**  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 **DV**  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 in 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 unchanged, or on an attachment with an address.

SIGNATURE *Rebecca B. Jackson* **Rebecca B. Jackson** Secretary 4-23-97 904/202-4001

CR2E034 (9/96)

CONSOLIDATED HEALTH SERVICES, INC.

P	Parrett, Donald O.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Perry, Kenneth C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
S	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Burghardt, Joseph P.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207