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FILED

May 15 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 # **F53780** (5)  
1. Corporation Name  
**SOUTHERN PROFESSIONAL HEALTH SERVICES, INC.**



Principal Place of Business Mailing Address  
**% MARCUS E. DREWA'S OFFICE**  
**580 W 8TH STREET**  
**JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified **11/16/1981** 3a. Date of Last Report **04/23/1996**  
4. FEI Number **59-2143540** 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 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**HARRISON, PHILIP R**  
**580 WEST 8TH STREET**  
**JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name **Marcus E. Drewa**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**580 West Eighth Street**  
83  
84 City **Jacksonville** FL 85 Zip Code **32209**

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

S. J. [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCD	HATCH, MONROE C	3120 HENDRICKS AVE.	JAX, FL 00000	<input type="checkbox"/>
V	HARRISON, PHILLIP R	580 W. 8TH ST.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
AST	JORDAN, ROBERT E.	580 W. 8TH ST.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
TD	MOTES, HENRY G	937 N. MAIN ST.	JAX, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SD	John D. Cheatwood	1006 Alhambra Drive, South	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

904-798-8200

Date

Daytime Phone #

CR2E034 (9/96)