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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53780

1. Corporation Name

SOUTHERN PROFESSIONAL HEALTH SERVICES, INC.

Principal Place of Business

% MARCUS E. DREWA'S OFFICE
580 W 8TH STREET
JACKSONVILLE FL 32209

Mailing Address

% MARCUS E. DREWA'S OFFICE
580 W 8TH STREET
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1981

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREWA, MARCUS E
580 WEST 8TH STREET
JACKSONVILLE FL 32209

81 Name

Robert E. Jordan

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

580 W. 8th St.

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

Robert E. Jordan

4/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE
NAME **HATCH, MONROE C**
STREET ADDRESS **3120 HENDRICKS AVE.**
CITY-ST-ZIP **JAX, FL 00000**

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

TITLE **SD** ☐ DELETE
NAME **CHEATWOOD, JOHN D**
STREET ADDRESS **1006 ALHAMBRA DRIVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **TD** ☐ DELETE
NAME **MOTES, HENRY G**
STREET ADDRESS **937 N. MAIN ST.**
CITY-ST-ZIP **JAX, FL 00000**

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

TITLE **DAST** ☐ DELETE
NAME **LOY, MANUEL**
STREET ADDRESS **580 W 8TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Loy

4/26/99

904-798-8200

Date

Daytime Phone #

CR2E034 (11/98)