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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600004345

1. Corporation Name

PATIENT SUPPORT SYSTEMS, INC.

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90127 009 \*\*\*150.00



Principal Place	e of Business	Mailing Address										
920 3RD ST., SUITE B NEPTUNE BEACH FL 32266		920 3RD ST., SUITE B										
		NEPTUNE BEACH FL 32266		DO NOT WRITE IN THIS SPACE								
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							, Quant	, u				
<u> </u>	I Desired	2a. Mailing Address			4. FEI N	6/1996 umber				Annlie	ed For	
2. Principal Place of Business									1	- ' '	pplicable	
21 87 Nicole Lane		Suite, Apt. #, etc.			04-1	149288			\$8.7		ditional	
Suite, Apt. #, etc.					5. Certifo	ate of Status	Desired		•	Requ	L.	
22		City & State			- 2 51-41		- Cinanair			00 м		
City & State  23 Atlatnic Beach FL		Atlantia Proch II			I	on Campaign Fund Contrib		<sup>lg</sup> □		ed to i		
23 110222124		Zip Country				orporation ow		urront year I				
Zip □ aaaaa		<u> </u>		SA	l l	orporation ow hal Property		unent year i	N Yes		]No	
24 32233	9. Name and Address of Current	120	<u> </u>			and Addres		v Registere				
	s. Name and Address of Current	Kedisteren Adent		81 Name				<u> </u>				
ARMSTRONG, DAN		Dan A			Armstron	g						
	3RD ST., SUITE B		82 Street Addr			x Number is i ne	Not Acce	ptable)				
NEPTUNE BEACH FL 32266			-	83	HICOTE DA							
INLF	TONE BEACHT E GEEGG			65								
			Ī	84 City	antic BEa				85 2	Zip Co. 3223	de	
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11. Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	, the ab	ove-named of hy the corpo	corporation submi pration's board of	its this staten directors. I hi	nent for t ereby ac	he purpose cept the app	of changing ointment a	ı its re s regis	gistered	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statu	tes.						•		
	D							4	/15/99			
SIGNATURE	Dan Armstrong -Pres	_										
	Dan Armstrong -Pres Signature, typed or printed name of registered agent		•—	Agent signature re	equired when reinstating			DATE		2700	2 IN 12	9
SIGNATURE	OFFICERS AND	DIRECTORS	13.	<u> </u>	ADDITI	ONS/CHANG	SES TO	DATE	AND DIREC			
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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:

LELL LUCE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Armstrong

(904)247-0069