

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

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

05-05-1999 90127 009 ***150.00

DOCUMENT # F96000004345

1. Corporation Name

PATIENT SUPPORT SYSTEMS, INC.

Principal Place of Business

920 3RD ST., SUITE B
NEPTUNE BEACH FL 32266

Mailing Address

920 3RD ST., SUITE B
NEPTUNE BEACH FL 32266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

84-1149288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 87 Nicole Lane

Suite, Apt. #, etc.

22

City & State

23 Atlatnic Beach FL

Zip

24 32233

Country

25 USA

2a. Mailing Address

26 87 Nicole Lane

Suite, Apt. #, etc.

27

City & State

28 Atlantic BEach FL

Zip

29 32233

Country

30 USA

9. Name and Address of Current Registered Agent

ARMSTRONG, DAN
920 3RD ST., SUITE B
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name
Dan Armstrong

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

83

84 City
Atlantic BEach

FL

85 Zip Code
32233

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 Dan Armstrong -Pres.

4/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ARMSTRONG, DAN
STREET ADDRESS 920 3RD ST., SUITE B
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE ☐ DELETE

SD
NAME ARMSTRONG, PATRICIA G
STREET ADDRESS 920 3RD ST., SUITE B
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Dan ARMstrong

1.3 STREET ADDRESS 87 Nicole Lane

1.4 CITY-ST-ZIP Atlantic Beach FL 32233

2.1 TITLE CEO ☒ Change ☐ Addition

2.2 NAME Patricia Armstrong

2.3 STREET ADDRESS 87 Nicole Lane

2.4 CITY-ST-ZIP Atlatnic Beach FL 32233

3.1 TITLE ☐ 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 ☐ 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: Patricia Armstrong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (904) 247-0069

0040396

CR2E034 (1/98)