

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000006816 (9)**

1. Corporation Name

~~INSURANCE MEDICAL REPORTER, INC.~~

Paramedical Services of America, Inc

Principal Place of Business

**3159 CAMPUS DRIVE
NORCROSS GA 30071**

Mailing Address

**3159 CAMPUS DRIVE
NORCROSS GA 30071**

FILED
98 JUN -5 AM 10:02



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

68-0297864

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **310 Technology Parkway**

Suite, Apt. #, etc.

City & State

23 **Norcross, GA**

Zip

24 **30092-2929**

Country

25 **USA**

2a. Mailing Address

26 **310 Technology Parkway**

Suite, Apt. #, etc.

City & State

28 **Norcross, GA**

Zip

29 **30092-2929**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

NAME **PD
SANSONE, JOSEPH D**
STREET ADDRESS **3159 CAMPUS DRIVE**
CITY-ST-ZIP **NORCROSS GA 30071**

TITLE ☐ DELETE

NAME **V
NABORS, DAVID**
STREET ADDRESS **1801 OAKLAND BLVD**
CITY-ST-ZIP **WALNUT CREEK CA 94595**

TITLE ☐ DELETE

NAME **ST
MENGERT, STEPHEN M**
STREET ADDRESS **3159 CAMPUS DRIVE**
CITY-ST-ZIP **NORCROSS GA 30071**

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **310 Technology Parkway**
1.4 CITY-ST-ZIP **Norcross, GA 30092-2929**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **310 Technology Parkway**
2.4 CITY-ST-ZIP **Norcross, GA 30092-2929**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **310 Technology Parkway**
3.4 CITY-ST-ZIP **Norcross, GA 30092-2929**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
600002557610-0
-06/12/98-01004-006
******150.00 ****150.00**

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.

SIGNATURE

Joseph D Sansone President

770-441-1380

CR2E034 (10/97)