


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

FILED

Feb 26 1998 8:00am
Secretary of State

| | | | | | |
|---|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # G61145 (0) 1. Corporation Name DOCTORS' INFORMATION SERVICE, INC. | | | | | |
| Principal Place of Business 3693 NW 5TH AVENUE BOCA RATON FL 33431-2731 | | | Mailing Address 3693 NW 5TH AVENUE BOCA RATON FL 33431-2731 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/26/1983 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2323979 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent LIVINGSTON, ROBERT M. 3693 N.W. 5TH AVE. BOCA RATON FL 33431-2731 | | | 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 1.2 NAME LIVINGSTON, ROBERT M. | | | | | |
| 1.3 STREET ADDRESS 3693 N.W. 5TH AVE. | | | | | |
| 1.4 CITY-ST-ZIP BOCA RATON FL 33431 | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME LIVINGSTON, JEFFREY A. | | | | | |
| 2.3 STREET ADDRESS 3693 N.W. 5TH AVE. | | | | | |
| 2.4 CITY-ST-ZIP BOCA RATON FL 33431 | | | | | |
| 3.1 TITLE <input checked="" type="checkbox"/> DELETE | | | | | |
| 3.2 NAME LIVINGSTON, BRENDA S. | | | | | |
| 3.3 STREET ADDRESS 3693 N.W. 5TH AVE. | | | | | |
| 3.4 CITY-ST-ZIP BOCA RATON FL | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME ST BEATRIZ SERVA | | | | | |
| 4.3 STREET ADDRESS 3693 N.W. 5TH AVE | | | | | |
| 4.4 CITY-ST-ZIP BOCA RATON, FL 33431 | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP 33431 | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP 33431 | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME DELETE | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Robert M. Livingston</i> ROBERT M. LIVINGSTON 2/20/98 (561)368-3993 | | | | | |



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)