SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G65346** **(0)**

1. Corporation Name

PHYSICIANS' MEDICAL SERVICES OF JACKSONVILLE, IN C.

Principal Place of Business	Mailing Address
% J. LARRY READ 4201 BELFORT ROAD JACKSONVILLE FL 32216	% J. LARRY READ 4201 BELFORT ROAD JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **10/18/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2369228** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

READ, J LARRY
4201 BELFORT ROAD
JACKSONVILLE FL 32216

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	D	☐ DELETE
NAME	ANDERSON, JAMES G	
STREET ADDRESS	4201 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	HERRELL, JOHN H	
STREET ADDRESS	200 SW 1ST ST	
CITY-ST-ZIP	ROCHESTER MN	
TITLE	VC	☐ DELETE
NAME	READ, J LARRY	
STREET ADDRESS	4201 BELFORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	☐ DELETE
NAME	BLACK, LEO F., M.D.	
STREET ADDRESS	4500 SAN PABLE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☒ DELETE
NAME	SMITH, KENNETH E	
STREET ADDRESS	4201 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	☐ Change ☒ Addition
1.2 NAME	HUBER, HAROLD	
1.3 STREET ADDRESS	4201 BELFORT ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X J. Larry Read
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #