


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G65346 (0)					
1. Corporation Name PHYSICIANS' MEDICAL SERVICES OF JACKSONVILLE, IN C.					
Principal Place of Business % J. LARRY READ 4201 BELFORT ROAD JACKSONVILLE FL 32216			Mailing Address % J. LARRY READ 4201 BELFORT ROAD JACKSONVILLE FL 32216		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2369228	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				85 Zip Code FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, JAMES G			1.2 NAME			
STREET ADDRESS	4201 BELFORT RD			1.3 STREET ADDRESS	4201 Belfort Road		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRELL, JOHN H			2.2 NAME			
STREET ADDRESS	200 SW 1ST ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER MN			2.4 CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READ, J LARRY			3.2 NAME			
STREET ADDRESS	4201 BELFORT RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, LEO F., M.D.			4.2 NAME			
STREET ADDRESS	4500 SAN PABLE RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBER, HAROLD			5.2 NAME			
STREET ADDRESS	4201 BELFORT RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

DALE & HOCKING

2/26/98

914/296-3717

CR2E034 (10/97)