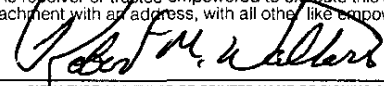


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90394 035 ***158.75

DOCUMENT # G65346 1. Entity Name PHYSICIANS' MEDICAL SERVICES OF JACKSONVILLE, INC.					
Principal Place of Business 4201 BELFORT RD JACKSONVILLE, FL 32216 US			Mailing Address 4201 BELFORT RD JACKSONVILLE, FL 32216 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2369228	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, JOANNE L 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, MARY 4201 BELFORT RD JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, MARY 200 SW 1ST ST ROCHESTER, MN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, MARY 4201 BELFORT RD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALTERS, ROBERT M 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBER, HAROLD 4201 BELFORT RD JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WALTERS, ROBERT M 4500 SAN PABLO RD JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARTLEY, GEORGE B MD 4500 SAN PABLO RD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/12/2004 (904) 953-2146		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

2405116

#665346

**PHYSICIAN'S MEDICAL SERVICES INC. (PMSI)
OFFICERS/BOARD MEMBERS**

George B. Bartley, M.D.
Robert M. Walters
Mary J. Hoffman
Harold Huber

Chair, Director
Vice Chair, Director
Treasurer, Director
Secretary, Director