FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H35149** **(4)**

1. Corporation Name
MEDICAL SOCIETY SERVICES, INC.

Principal Place of Business	Mailing Address
% W. P. BATTAGLIA 1851 W. COLONIAL DRIVE #100 ORLANDO FL 32804	% W. P. BATTAGLIA 1851 W. COLONIAL DRIVE #100 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/21/1984**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2478902** ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATTAGLIA, W. P.
TWO S. ORANGE PLAZA
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	FITZWATER, RON L	1.2 NAME	REMOVE, FITZWATER, RON
STREET ADDRESS	7704 CLEMETINE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DUBBIN, CLIFFORD B	2.2 NAME	DUBOIN, CLIFFORD B
STREET ADDRESS	5979 VINELAND RD #101	2.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE D	☒ Change ☒ Addition
NAME	SHEA, J. DARRELL M	3.2 NAME	ALLAN J. JONES
STREET ADDRESS	1205 WINDSONG RD	3.3 STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	FARRELL, JAMES F	4.2 NAME	T C. DURHAM BARNES
STREET ADDRESS	1814 LUCERNE TERR	4.3 STREET ADDRESS	1851 W. COLONIAL DRIVE, SUITE 200
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	BUTLER, MICHEAL B	5.2 NAME	5 ALLEN K. HOLCOMB
STREET ADDRESS	201 MAGNOLIA LAKE DR	5.3 STREET ADDRESS	1851 W. COLONIAR DRIVE, SUITE 200
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	BAXLEY, RICHARD D	6.2 NAME	BAXLEY, RICHARD D
STREET ADDRESS	47 INTERLAKEN RD	6.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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: J. Darrell Shea III 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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