

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H35149** (4)

1. Corporation Name

MEDICAL SOCIETY SERVICES, INC.



Principal Place of Business

% W. P. BATTAGLIA
1851 W. COLONIAL DRIVE #100
ORLANDO FL 32804

Mailing Address

% W. P. BATTAGLIA
1851 W. COLONIAL DRIVE #100
ORLANDO FL 32804

2. Principal Place of Business

21 **1851 W. COLONIAL DR**

Suite, Apt. #, etc.

22 **SUITE 100**

City & State

23 **ORLANDO, FL**

Zip

24 **32804**

Country

25 **USA**

2a. Mailing Address

26 **1851 W. COLONIAL DR**

Suite, Apt. #, etc.

27 **SUITE 100**

City & State

28 **ORLANDO, FL**

Zip

29 **32804**

Country

30 **USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/21/1984

3a. Date of Last Report

04/25/1995

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

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

10. Name and Address of New Registered Agent

81 Name

DONALD F. FOY, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1851 W. COLONIAL DR, SUITE 100

83

84 City

ORLANDO

FL

85 Zip Code

32804

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

Donald F. Foy, Jr.

(NOTE: Registered Agent signature required when reappointing)

2/2/96

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE

NAME **HOLCOMB, ALLEN K.**
STREET ADDRESS **1851 W. COLONIAL DR, STE 200**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE

NAME **BARNES, C. DURHAM**
STREET ADDRESS **1851 W. COLONIAL DRIVE, STE 200**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE

NAME **JONES, ALLAN J.**
STREET ADDRESS **1851 W COLONIAL DRIVE, STE 200**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☐ Change ☒ Addition

NAME **DONALD F. FOY, JR**
STREET ADDRESS **1851 W. COLONIAL DRIVE, SUITE 100**
CITY-ST-ZIP **ORLANDO, FL 32804**

12 TITLE **D** ☐ Change ☒ Addition

NAME **J. DARRELL SHEA**
STREET ADDRESS **1851 W. COLONIAL DR, SUITE 100**
CITY-ST-ZIP **ORLANDO, FL 32804**

13 TITLE **D** ☒ Change ☐ Addition

NAME **C. DURHAM BARNES**
STREET ADDRESS **1851 W. COLONIAL DR, SUITE 100**
CITY-ST-ZIP **ORLANDO, FL 32804**

14 TITLE **D** ☐ Change ☒ Addition

NAME **JAMES F. FARRELL**
STREET ADDRESS **1851 W. COLONIAL DR, SUITE 100**
CITY-ST-ZIP **ORLANDO, FL 32804**

15 TITLE **T** ☐ Change ☒ Addition

NAME **GENNETT JOHNSON**
STREET ADDRESS **1851 W. COLONIAL DRIVE, SUITE 100**
CITY-ST-ZIP **ORLANDO, FL 32804**

16 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (407)841-6267

CR2E034 (12/95)