## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35149

(4)

MEDICAL SOCIETY SERVICES, INC.

## FILED Mar 11 1997 8:00am Secretary of State

407-841-626) x 13

					77.53.53			
Principal Plac	ce of Business	Mailing Address	Mailing Address			ANDIO IDAE DEBLA DIDIA		
1851 W COLONIAL DR		1851 W COLONIAL DRT	1851 W COLONIAL DRT					
SUITE 180		SUITE 380 ORLANDO FL 32804						
ORLANDO FL 32804 US		US		3. Date Incorporated or Qu	relified   Se F	Date of Last R	lanart	
					12/21/1984	1 '	/09/1996	ероп
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-2478902		<b>├</b>	ot Applicable
Suite, Apt		Suite, Apt. #, etc.				ired 🔲	\$8.75	Additional
22 SUITE 200		27 SUITE 200					Fee Re	equired
City & State		City & State			6. Election Campaign Fina			May Be
<b>23</b> Zip	Country	<b>28</b>	Country		Trust Fund Contribution		<del></del>	to Fees
24	25	29 ZIP	30		This corporation has liable     Florida Statutes		e tax under s No	. 199.032,
24	9. Name and Address of Current	~-L	1301		10. Name and Address of			
FΩV	, DONALD F JR		81	Name				
	1 W COLONIAL DR		20	0				<del></del>
	TE 100 X		82	Street	Address (P.O. Box Number is Not A	cceptable)		
ORLANDO FL 32804				<b>C</b> ::	ire 200			
			84		11 = 200			
			84	City		FL	_ <b> 85</b>   Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the above	-named	corporation submits this statement	for the purpose (	of changing if	ts registered
office or i agent 1 a	registered agent, or both, in the State or am lamitar with, and accept the obliga	of Florida. Such change was hons of, Section 607.0505, Fi	authorized by lorida Statutes	the corp	poration's board of directors. I herel	y accept the ap	pointment as	registered
SIGNATURE	, ,							
	Signature, typied or printed name of registered agen		TE Registered Ager	nt signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T	OFFICERS AN		
10116	PD FON BONALD F ID	☐ DELETE	1.1 TITLE	:	<u> </u>		Change	Addition
NAME	FOY, DONALD F JR	~	1.2 NAME					
STREET ADDRESS	1851 W COLONIAL DR SUITE A	<del>0</del> 0	1.3 STREET		SUITE 200	> - 460		
CITY - ST - Zif'	ORLANDO FL	DELETE	1.4 CITY-ST	-ZIP		3280	<u>Ч</u>	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
TITLE	BARNES, C. DURHAM	ןן מכנבונ	2.1 TITLE				(Change	Addition
NAME	1851 W. COLONIAL DRIVE, STE	: 900	2.2 NAME		SUITE 200			
STREET ADDRESS	ORLANDO FL	200	2.3 STREET		3411020	2 2 0/1	d	
CITY - ST - ZIP TITLE	D	DELETE	2. 4 CITY - ST 3.1 TITLE	T-ZIP		3280	Change	Addition
NAME	SHEA, J DARRELL	biccie	3.2 NAME			•	AC CHANGE	L Addition
STREET ADDRESS	1851 W COLONIAL DR SUITE	90	3.3 STREET /	AUDDEGG	SUITE 200			
CITY - ST - ZIP	ORLANDO FL	~~	3.4. CITY-SI		3411220	3280	ч	
TILE	D	☐ DELETE	4.1 TITLE	i-zir		0,00	Change	Addition
NAME	FARRELL, JAMES F		4. 2 NAME					
STREET ADDRESS	1851 W COLONIAL DR SUITE 1	<b>8</b> 6	4.3 STREET A	ADDRESS	SUITE DO			
CITY-S1-ZIP	ORLANDO FL		4.4 CITY-ST			3286	74	
Title	7	DELETE	5.1 TITLE		D		Change	Addition
NAME	JOHNSON, GENNETT	,	5.2 NAME				¥	
STREET ADDRESS	1851 W COLONIAL DR SUITE 1	<b>90</b>	5.3 STREET A	ADDRESS	SUITE 280			
CITY-S1-ZIP	ORLANDO FL	<u>.</u>	5.4 CITY - ST	- 21P		3280	14	
TITLE	<b>T</b>	☐ DELETE	6.1 TITLE		7		Change	Addition A
NAME	ROBERTS, VICTOR		6.2 NAME	1	ROBERTS, VICTOR	_		
STREET ADDRESS	•		6.3 STREET A		1851 W. COLONIAL	Ja., sut	TE 200	
CITY - ST - ZIP			6.4 CITY - ST		ORLAWOD, FL 328	04		
informatic	by certify that the information supplied in indicated on this armual report or su	ipplemental angual report is t	true and accur	rate and	I that my signature shall have the se	me lenal effect a	e if made un	der nath that
Lam an c	officer or director of the corporation or to in Block 12 or Block 13 if changed, or	he receiver or trustee empoy	vered 🚂 execu	ute this r	report as required by Chapter 607, I	lorida Statutes,	and that my r	name
altheu: 2	in block is of block to be langed of	on an attachine y with an au	ui pay/		, ,			