

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90041 043 ***150.00

DOCUMENT # H35149

1. Corporation Name
MEDICAL SOCIETY SERVICES, INC.



Principal Place of Business

1851 W COLONIAL DR
STE 200
ORLANDO FL 32804
US

Mailing Address

1851 W COLONIAL DR
STE 200
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2304 Aloma Ave.

22 Suite, Apt. #, etc.

22 100

23 City & State

23 Winter Park, FL

24 Zip

24 32792 25 Country

25 US

2a. Mailing Address

26 2304 Aloma Ave

27 Suite, Apt. #, etc.

27 100

28 City & State

28 Winter Park, FL

29 Zip

29 32792 30 Country

30 US

9. Name and Address of Current Registered Agent

FOY, DONALD F JR
1851 W COLONIAL DR
STE 200
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

82 2304 Aloma Ave, Ste. 100

83

84 City

84 Winter Park

FL

85 Zip Code

85 32792

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.

Signature, typed or printed name of registered agent and title if applicable.

DATE

4-14-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
FOY, DONALD F JR
STREET ADDRESS
1851 W. COLONIAL DRIVE STE 200
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STIEG, FRANK H III
STREET ADDRESS
1851 W COLONIAL DR, STE 200
CITY-ST-ZIP
ORLANDO FL 32804

TITLE ☐ DELETE

NAME
HARDING, DAVID R
STREET ADDRESS
1851 W COLONIAL DR, STE 200
CITY-ST-ZIP
ORLANDO FL 32804

TITLE ☐ DELETE

NAME
JOHNSON, GENNETT
STREET ADDRESS
1851 WEST COLONIAL DRIVE STE 200
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
ROBERTS, VICTOR
STREET ADDRESS
1851 WEST COLONIAL DR STE 200
CITY-ST-ZIP
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2304 Aloma Ave, Ste 100
Winter Park, FL 32792

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

OT
Ian T. Nathanson
2304 Aloma Ave, Ste. 100
Winter Park, FL 32792

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2304 Aloma Ave, Ste. 100
Winter Park, FL 32792

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

2304 Aloma Ave, Ste. 100
Winter Park, FL 32792

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2304 Aloma Ave, Ste. 100
Winter Park, FL 32792

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2304 Aloma Ave, Ste. 100
Winter Park, FL 32792

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)