

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54541 (8)

1. Corporation Name

ADVANTAGE MEDICAL SERVICES, INC.

Principal Place of Business

3300 26TH ST WEST
BRADENTON FL 34205
US

Mailing Address

3300 26TH ST WEST
BRADENTON FL 34205
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2957461

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSEN, ROBIN
4219 E. 99TH AVE
TAMPA FL 33617

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

Robin Jacobsen

Robin Jacobsen

3-13-95

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO
NAME	WILLIAMS, MICHAEL I.
STREET ADDRESS	118 S WESTSHORE #202
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	WILLIAMS, ED
STREET ADDRESS	4151 ROSAS AVE
CITY - ST - ZIP	SARASOTA FL
TITLE	S
NAME	JACOBSEN, ROBIN
STREET ADDRESS	4219 E 99TH AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	DOUGLAS, RIDDLE B
STREET ADDRESS	5708 39TH ST CIR E.
CITY - ST - ZIP	BRANDENTON FL
TITLE	D
NAME	WHALEY, PRESTON
STREET ADDRESS	5801 21 AVE W
CITY - ST - ZIP	BRANDENTON FL
TITLE	D
NAME	KOESTER, WERNER
STREET ADDRESS	5701 LEELAND ST S
CITY - ST - ZIP	ST. PETERSBURG FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

RIDDLE, B. DOUGLAS

correction

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 110.07(3)(b), 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; that 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

Michael I Williams

Michael I Williams

814/755-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #