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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H54541 (8)

1. Corporation Name

ADVANTAGE MEDICAL SERVICES, INC.



Principal Place of Business

Mailing Address

3300 26TH ST WEST  
BRADENTON FL 34205  
US

3300 26TH ST WEST  
BRADENTON FL 34205  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1985

4. FEI Number

59-2957461

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 115 Manatee Ave West

2a. Mailing Address

22 Suite, Apt. #, etc.  
Suite "D"

26 Suite, Apt. #, etc.

23 City & State  
Bradenton, FL

27 City & State

24 Zip  
34205

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
Jacobsen, Robin

82 Street Address (P.O. Box Numbers Not Acceptable)

115 Manatee Ave W.

83

84 City  
Bradenton

FL

85 Zip Code  
34205

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CEOD  
WILLIAMS, MICHAEL I.  
STREET ADDRESS  
3306 26TH STREET N  
CITY-ST-ZIP  
BRADENTON FL

TITLE ☒ DELETE

NAME  
T  
WILLIAMS, ED  
STREET ADDRESS  
4151 ROSAS AVE  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
S  
JACOBSEN, ROBIN  
STREET ADDRESS  
4219 E 99TH AVE  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
D  
RIDDLE, B. DOUGLAS  
STREET ADDRESS  
5708 39TH ST CIR E.  
CITY-ST-ZIP  
BRADENTON FL

TITLE ☒ DELETE

NAME  
D  
WHALEY, PRESTON  
STREET ADDRESS  
5801 21 AVE W  
CITY-ST-ZIP  
BRADENTON FL

TITLE ☒ DELETE

NAME  
D  
KOESTER, WERNER  
STREET ADDRESS  
5701 LEELAND ST S  
CITY-ST-ZIP  
ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
115 Manatee Ave West, Suite 'D'  
Bradenton, FL.

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  
115 Manatee Ave West, Suite 'D'  
Bradenton, FL.

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

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.

SIGNATURE:

Michael Williams, CEO, Director 5/1/98 011 242-2422

CR2E034 (10/97)