FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:25

DOCUMENT # H56428 (6)

1. Corporation Name
SOUTHERN MEDICAL SERVICES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
11747 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	5909 SHELBY OAKS DRIVE SUITE 225 MEMPHIS TN 38134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1985
3a. Date of Last Report: 09/30/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5909 Shelby Oaks Drive
Suite, Apt. #, etc.
27 218
City & State
28 Memphis, TN 38134
Zip 29 Country 30

4. FEI Number: 59-2574728 ☐ 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

9. Name and Address of Current Registered Agent

SCOTT, JOHN L
451 MONUMENT ROAD
203
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name: Mark C. Pappy
82 Street Address (P.O. Box Number is Not Acceptable): 11747 Phillips Highway
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: Mark C Pappy — Mark C. Pappy — 2/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	SCOTT, LARRY E	1.2 NAME	
STREET ADDRESS	5909 SHELBY OAKS DRIVE, # 225	1.3 STREET ADDRESS	5909 Shelby Oaks Drive #218
CITY-ST-ZIP	MEMPHIS TN 38134	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	ZUGA, MICHAEL A	2.2 NAME	John L. Scott
STREET ADDRESS	5909 SHELBY OAKS DRIVE, # 225	2.3 STREET ADDRESS	5909 Shelby Oaks Drive #218
CITY-ST-ZIP	MEMPHIS TN 38134	2.4 CITY-ST-ZIP	Memphis, TN 38134
TITLE		3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME		3.2 NAME	Michael A. Zuga
STREET ADDRESS		3.3 STREET ADDRESS	5909 Shelby Oaks Drive #218
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Memphis, TN 38134
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Larry E. Scott, President — 2/28/95 — 901-385-7005
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Larry E Scott, President

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