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PROFIT CORPORATION · ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

PHYSICIAN & PROFESSIONAL ANSWERING SERVICE, INC.

FILED Apr 23 1998 8:00am Secretary of State



| | | | | | | | | | (8) | |
|---|---|--|-------------------------------|----------------------------|---------------------------------------|--|---|---|-----------------------------------|--|
| Principal Place | | Mailing Address | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 3717 DEL PRADO BLVD STE. 5 3717 DEL PRADO BL CAPE CORAL FL 33904 CAPE CORAL FL 339 | | | | | | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | [- | ncorporated or Qualified | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 11/13/1985 4. FE! Number Applied For | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 1 " | 4. FEI Number 59-2636073 | | ⊢ | Applied For Not Applicable | |
| | | Suite, Apt. #, etc. | | | | | | \$8.75 Additional | | |
| 27 | | | | | 5. Certifi | cate of Status Desired | | | Required | |
| City & State Cily & Stale | | | | | 6. Election | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 3 28 Zin Zin Zin | | Country | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip 4 | Country 25 | Zip 29 | 30 | rury | | orporation owes or has p nal Property Tax due Jur | - | ent year] Yes | Intangible | |
| <u> </u> | Name and Address of Curr | | 301 | | | and Address of New R | | | <u> </u> | |
| - CHI | RECKENGOST, BEVERLY A. | TAYLOR. | | 81 Name | | | | <i>-</i> | | |
| | 17 DEL PRADO BLVD | 111 72010 | } | B2 Street | Address (P.O. Bo | x Number is Not Accepte | htol | | · | |
| | PE CORAL FL 33904 | | } | 31/001 | Address (F.O. DO | A Number is Not Accepte | ibie) | | | |
| | | | | 83 | | | | | | |
| | | | } | 84 City | | | | 85 Zi | p Code | |
| | | | | | | | <u>FL</u> | | | |
| office or n | to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obl | buz and 607, 1508, Florida Stat ite of Florida, Such change wa: | iutes, the at s authorized | ove-named by the cor | poration subm | nts this statement for the of directors. I hereby acc | purpose of odde appo | onanging Sintment a | j its registered as redistered | |
| agent. I a | m familiar with, and accept the obl | igations of Section 607.0505, I | Florida Stati | utes. | • | • | 11 /- | | 2 | |
| SIGNATURE | Signature, typed or printerly tenne of registered a | appendix of the if applicable (NI | OTF Bagistered | Agent signature | required when reinstalin | nal | 7// DATE | 70 | <u> </u> | |
| 12. | | ND DIRECTORS | 13. | rigent agridion | | ONS/CHANGES TO OFF | ICERS AND | DIRECTO | ORS IN 12 | |
| ITLE | VD | DELETE | 1.1 TiT | LE | <u> </u> | | | Change | | |
| NAME | TAYLOR ALAN E. | | 1.2 NA | ME | i | | | | | |
| STREET ADDRESS | 905 SE 31ST TERR | | 1.3 ST | REET ADDRESS | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 1.4 CF | Y-ST-ZIP | <u> </u> | | | | | |
| TITLE | DPT | DELET e | 2.1 TiT | | DPT | | | Change | Addition | |
| NAME . | SHRECKENGOST, BEVERLY | A. | 2.2 NA | ME | Bevere | Y A. TAYL | 06 | | | |
| STREET ADDRESS | -901 SE 2131 TERR 35 | an se sea muc | 2.3 ST | REET ADDRESS | 3527 5 | y A. TAYL E 3 rd Au COUAL, FI | e | // | | |
| CITY-ST-ZIP TITLE | CAPE CORAL FL 3 | 3904 | 2. 4 Cl | TY-ST-ZIP | CHPE | COUAL, F. | <u>505</u> | Change | Addition | |
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| STREET ADDRESS | | diror | ا ر محل | Num | age 4 | : | | | | |
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| TATLE | | | 100 | 7 | | ! | | Change | Addition | |
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| NAME OVOCET ADDRESS | | | , , | 1 | | | | | | |
| STREET ADDRESS | | | | V | | | | | | |
| City-St-ziP | certify that the information supplied | with thi | | | | (i), Florida Statutes. | Lifurther cer | lify that th | ne information | |
| Indicated | on this annual report or supplemen | ntalann {}} | On und | | | jame legal effect as | if made und | ler oath; i | that I am an | |
| Block 12 (| director of the corporation or the re or Block 13 if changed, or on an at | tachme Y/USIO | um | | | 07, Florida Statutes | , and that M | у натне а | rbbears in | |
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