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

APPROVED AND FILED

95 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J51032** **(7)**

1. Corporation Name

~~MMS MEDICAL SERVICES, INC.~~
GH MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
3627 UNIVERSITY BOULEVARD SOUTH SUITE 940 JACKSONVILLE FL 32216	3627 UNIVERSITY BOULEVARD SOUTH SUITE 940 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/09/1987**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2742895** ☐ 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

GEIGER, ALLAN T.
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1500
83: Rogers, Towers, Bailey, Jones & Gay
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, J. BROOKS	12 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD S.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	DSTV ☒ Change ☐ Addition
NAME	BAER, DOUGLAS M.	22 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD S.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	200001467032 -0472/735--0100 Change 018 Addition ****200.00 ****200.00
TITLE	DP	31 TITLE	
NAME	CARROLL, DAVID W.	32 NAME	
STREET ADDRESS	1207 SALT CRK ISLAND DR	33 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☒ Change ☐ Addition
NAME	CARROLL, DAVID W.	42 NAME	
STREET ADDRESS	1207 SALT CRK ISLAND DR.	43 STREET ADDRESS	DELETE
CITY-ST-ZIP	PONTE VEDRA BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Douglas M. Baer 4/5/95 904-391-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018330 CP