

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

•PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J61616**
1. Corporation Name
SOUTHERN HEALTH SERVICES, INC.

(5)



Principal Place of Business

455 N. INDIAN ROCKS ROAD
C/O MICHAEL BARODY
BELLEAIR BLUFFS FL 34640

Mailing Address

455 N. INDIAN ROCKS ROAD
C/O MICHAEL BARODY
BELLEAIR BLUFFS FL 34640

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/09/1987

3a. Date of Last Report

07/13/1995

4. FEI Number

59-2791308

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

BARODY, MICHAEL
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Printed Name of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

12.1	TITLE	PDT	☐ DELETE
12.2	NAME	BARODY, MICHAEL	
12.3	STREET ADDRESS	455 N. INDIAN ROCKS ROAD	
12.4	CITY-STATE-ZIP	BELLEAIR BLUFFS FL	
12.5	TITLE	VDS	☐ DELETE
12.6	NAME	BARODY, ANN	
12.7	STREET ADDRESS	455 N. INDIAN ROCKS ROAD	
12.8	CITY-STATE-ZIP	BELLEAIR BLUFFS FL	
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-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)(k), 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 A. Barody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date

813/585-6333
Daytime Phone #

CR2E034 (12/95)