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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J74955

(2)

PHYSICIANS MANAGEMENT AND CONSULTING SERVICES, I

| Principa' | incipal Place of Business | | | | |
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| ACC DILL | WOOD F | vn. | | | |

Mailing Address

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FILED Apr 04 1997 8:00am Secretary of State



| Since Apt P. Cell 28 | WINTER SPRIN | | WINTER SPRING | | 16 | | | | | |
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| Surpe, Apt. 8, cir. | | | | | | | 1 | | | |
| Since Apt P. Cell 28 | 2. Principal Pl | ace of Business | 2a. Mailing Addr | ess | | | | | A | oplied For |
| Country 22 | 21 | | | | | | 59-2805231 | | | |
| 28 | 22 | | 27 | , etc. | | | 5. Certificate of Status Desired | | | |
| Country Zip So So So So So So So S | | | ₁ | | | | | | | |
| B. Name and Address of Current Registered Agent COOLIDEE, ROBERT C. 227 RNAWOOD DRYE WINTER SPRINGS FL 32708 82 Street Address (P.O. Box Number is Not Acceptable) 83 | Zip | | } ·-¬ | } | Country | | 8. This corporation has liability for Elorida Statutes | intangible to | ax under s | . 199.032, |
| ### SPRINGS FL 32708 ### City | <u></u> | | | | T | | | | | *************************************** |
| 207 RINGWOOD DRIVE WINTER SPRINGS FL 32708 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 City FL 85 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Co | COC | OLIDGE, ROBERT C. | | | 81 | Name | | | | |
| ### City FL 85 Zip Code 11. Fursion I to the provisions of Sections 607 05-02 and 607 15-08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent ag | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ıle) | | |
| 11. Pursuant to the processors of Societies 607 0502 and 607.1509, Florida Statutes, the above-named corporation submitte this statement for the purpose of changing its registered agent, on both, in the State depend agent, on both, in the State of Florida. Statutes agent are formation with, and accept the obligations of Section 607 6505, Florida Statutes. 12 | WIN | TER SPRINGS FL 32708 | | | | - Olicet Add | areas (1.0. Dox Hornbor ta Hot Accoptat | | | |
| Page | | | | | | City | | | 85 Zip | Code |
| ### SIGNATURE Si | | | | | | , | | | | |
| 1.0 | 11. Pursuant for reading agent. La | to the provisions of Sections 607.0 agistered agent, or both, in the Sta m familiar with, and accept the obl | 502 and 607,1508, Flori ite of Florida. Such char ligations of, Section 607 | da Statutes, the nge was author .0505, Florida (| e abovi rized by Statute: | e-named cor the corpora s. | rporation submits this statement for the patients board of directors. I hereby acceptions | ourpose of o ot the appo | changing i intment as | ts registered registered |
| Title | SIGNATURE | Superior typica or princed name of registered i | agent and little it applicable | (NOTE: Regis | stered Age | ont signature requ | uired when reinslating) | DATE | | |
| NAME COOLIDGE, ROBERT C. 12 NAME 13 STREET ADDRESS | 12. | OFFICERS A | NO DIRECTORS | 1 | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTOR | RS IN 12 |
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| COOLIDGE, LORRAINE C. 22 NAME 23 STREET ADDRESS | C/TY+S1+Z/P | ************************************** | | | .4 CITY - S | 1-7IP | | | | |
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14. It do hereby certify that the information supplied will 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 off-cer 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.