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 30 AM 8:51

DOCUMENT # **K38539** **(8)**

1. Corporation Name
SOUTHERN MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1597 BANKS ROAD MARGATE FL 33063	1597 BANKS ROAD MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1988
3a. Date of Last Report: 03/04/1994

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

4. FEI Number: 65-0078202 ☐ 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

VANN, JACK A.
521 SOUTHEAST 18TH AVENUE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name: ARLAN J. BUSH
82 Street Address (P.O. Box Number is Not Acceptable): 1597 BANKS ROAD
83
84 City: MARGATE **FL** 85 Zip Code: 33063

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: Arlan J. Bush ARLAN J. BUSH VICE PRESIDENT 3/27/95
(Signature, full name of person signing as registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE		☐ Change ☐ Addition
NAME	BUSH, ARLAN J.	12 NAME		
STREET ADDRESS	2401 RIVERSIDE DR #216B	13 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP		
TITLE	PSD	21 TITLE		☒ Change ☐ Addition
NAME	VANN, JACK A	22 NAME		
STREET ADDRESS	521 SE 18TH AVE	23 STREET ADDRESS	1968 PEACH TREE ROAD NW	
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	ATLANTA, GA 30309	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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/We 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. 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: Arlan J. Bush 3/27/95 (305) 970-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARLAN J. BUSH

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