

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K41026** (1)

1. Corporation Name

SHARP MEDICAL MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**5 SANDHILL CRANE
FERNANDINA BEACH FL 32034
US**

**5 SANDHILL CRANE
~~2565 PARK STREET~~
FERNANDINA BEACH FL 32034
US**

3. Date Incorporated or Qualified

10/25/1988

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

5 Sandhill Crane

4. FEI Number

59-2915142

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

Fernandina Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

32034

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARP, PHILIP R.
5 SANDHILL CRANE
FERNANDINA BEACH FL 32034**

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 607.0502 and 607.1505, 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

Signature of person submitting this report (if other than registered agent)

Signature of Registered Agent (Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
SHARP, PHILIP R.
5 SANDHILL CRANE
FERNANDINA BEACH FL**

11 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip R. Sharp

4/24/96

9128825030

CR2E034 (12/95)