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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996) 2191

BAS BOF CORPORATIONS C

DOCUMENT #

K45055

(6)

1. Corporation Name  GREENWOOD MEDICAL SERVICES, INC.  Principal Place of Business  Mailing Address  JOSEPH S. SCHWARTZ  1845 STETSON OR  CLEARWATER FL 34625  Mailing Address  CLEARWATER FL 34625									
QLEMINA)	EII I E ONOZO	OLEANWATER FL 34			3. Date incorporated 11/14/1988		3a. Date of Last 01/23/	,	
2. Principal Pk 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-291843	30		Applied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		·	5. Certificate of Statu			Not Applicable  75 Additional	
2 City & State		City & State			6. Election Campaign	2 Financias	Fe	e Required	
13		28			Trust Fund Contrit	_		.00 May Be ded to Fees	
Zφ <b>24</b>	Country 25	Ζιρ <b>29</b>	Coun	ntry	This corporation h     Florida Statutes	as liability for in		s 199.032,	
	9. Name and Address of Current	Registered Agent			10. Name and Addre	ess of New Re	gistered Agent		
1 L/A TO LIE	-D - EDIAN D		['	B1 Name					
Warner, Edwin R. 1845 Stetson or		82 Street Ac		ddress (P.O. Box Number is	Not Acceptable	e)			
	WATER FL 34625			83			·····-		
			1	84 City		<del></del>	85	Zip Code	
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 607.0502 a ed agent, or both, in the State of Flonda	and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this stateme	ent for the purp	xose of changing it	s registered office	
familiar wii SIGNATURE	th, and accept the obligations of, Sectic	on 607.0505, Florida Statute	S.		oard of directors. I hereby ac	ccept the appoi	intment as register	ed agent. I am	
familiar wii SIGNATURE	th, and accept the obligations of, Sections  Structure transforms technical regulation agent a  OFFICERS AND	ori 607.0505, Florida Statute	S.		oard of directors. I hereby ac jured when reinstating) ADDITIONS/CHAN		DATE	ed agent. I am	
familiar wit SIGNATURE 12.	th, and accept the obligations of, Section Structure types or protect name of regularization agent a OFEICERS AND	ori 607.0505, Florida Statute	OTE Registered A  13. 1.1 Titl	ngant signature rac	ioard of directors. I hereby ac		DATE	ed agent. I am TORS IN 12	
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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 Bock 13 if changed or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 813791/891

R2F034 (12/95)