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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K45055

(6)

GREENWOOD MEDICAL SERVICES, INC.

Principal Place of Business

M INSERH S SCHWARTZ

Mailing Address

M. JOSEPH S. SCHWARTZ

FILED Feb 13 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 11/14/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 11/14/1988 02/21/1996 4. FEI Number 59-2918438 Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City	1845 STETSON CLEARWATER	I OR	1845 STETSON OR CLEARWATER FL 34625-1422						
2. Principe Proces of Business 2. Mailing Address 5.9218438		. 2 4 7 3 2 7				• • • • • • • • • • • • • • • • • • •			eport
Suite, Apt 4 go graph Solid Solid			2a. Mailing Address			4. FEI Number	1 131-11		plied For
City & State South	21 (9) (20)	nwood Medical	26			59-2918438		No	t Applicable
City & State South	Suite, Apt. #, etc. 22 8050 Semin Mall #300 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 7		
## 3 5 7 7 3 2s Dull Part Part	City & State City & State				,				
WARNER, EDWIN R. 1845 STETSON OR CLEARWATER FL 34825 80 84 City FL 85 Zip Code 81 84 City FL 85 Zip Code 85 84 City FL 85 Zip Code 85 86 City FL 86 Zip Code 87 87 88 City FL 86 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Cod	Zip		├ 1	<u> </u>	ry	a. This corporation has liability for			. 199.032,
SIGNATURES 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 list registered agent. I am familiar with, and accopt the obligations of, Section 607 0505, Priorida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accopt the obligations of, Section 607 0505, Priorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. NEET ADDRESS 120. S. GREENWOOD AVE 13. SIREET ADDRESS 120. S. GREENWOOD AVE 12. STREET ADDRESS 120. S. GREENWOOD AVE		Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Ager	rit	
CLEARWATER FL 34625 B4	WAF	RNER, EDWIN R.		8	1 Name				
CLEARWATER FL 34625 83 84 City FL 85 Zip Code 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 list registered agent in familiar with, and accept the other officions Statutes. Sciencia Statutes agent laminary in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the State of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent laminary in the corporation's board of directors. I hereby accept the appointment as registered agent laminary in the corporation's board of directors. I hereby accept the appointment as registered agent laminary in the corporation's board of directors. I hereby accept the appointment as registered agent laminary in the state of Florida Statutes. The acceptance of the provision of the provision state in the provision state acceptance agent laminary in the corporation's board of directors. I hereby accept the appointment as registered agent laminary in the corporation's board of directors. I hereby accept the appointment as registered agent laminary in the corporation's pour laminary in the corporation of					2 Street	Address (P.O. Box Number is Not Acceptate	ole)		·
### City FL 85 Zip Code ### Ci	CLE	ARWATER FL 34625							
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 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 an annual with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Spriture, typic of presentation of registered agent and the deglication. (NOTE Registered Agent				8	3				
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SIGNATURE								'	
Signature, lyand or proteor raws of regolatered specified specified (NOTE Replaced Agent alignature required when rematating)	11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	and 607.1508, Florida Statut f Florida Such change was a ons of, Section 607.0505, Flo	es, the abo authorized I orida Statut	ve-named by the cor es.	corporation submits this statement for the poration's board of directors. I hereby accel	ourpose of cha of the appointn	nging it nent as	s registered registered
19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		710T	e 6		······································			
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MAME MILKS, HARRY S 12 MAME 1.3 STREET ADDRESS 1280 S. GREENWOOD AVE 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						ADDITIONS/CHANGES TO OFFIC			********
13 STREET ADDRESS							tond '	or noving a	
CLEARWATER FL									
DELETE DELETE 21 TITLE Change Addition									
NAME SCHWARTZ, JOSEPH S. 22 NAME 23 STREET ADDRESS 1260 S. GREENWOOD AVE. 24 CITY-ST-ZIP			DELETE					Change	Addition
1260 S. GREENWOOD AVE. 23 STREET ADDRESS	NAME	SCHWARTZ, JOSEPH S.							
Clearwater FL									
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	NAME			6.2 NAM	<u> </u>				
	STREET ADDRESS			6.3 STRE	ET ADDRESS				
	CITY-ST-ZIP								

14. Ido hereby certify that the information supplied with 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 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 change