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**FILED** PROFIT FLORIDA DEPARTMENT DE STATE Feb 06 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name K45055 (6) GREENWOOD MEDICAL SERVICES, INC. Principal Place of Business Mailing Address GREENWOOD MEDICAL % JOSEPH S. SCHWARTZ 8050 SEMINOLE MALL #300 1845 STETSON OR DO NOT WRITE IN THIS SPACE SEMINOLE FL 33773 CLEARWATER FL 34625 3. Date Incorporated or Qualified 11/14/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2918438 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARNER, EDWIN R. 1845 STETSON OR Street Address (P.O. Box Number is Not Acceptable) 82 CLEARWATER FL 34625 83 84 Zip Cade 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE WILKS, HARRY S NAME 1.2 NAME 1260 S. GREENWOOD AVE STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SCHWARTZ, JOSEPH S. 2.2 NAME NAME 1260 S. GREENWOOD AVE. STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE. 3.1 TITLE STRAUB, PAUL NAME 3.2 NAME 1401 W BAY DRIVE 3.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE ☐ Change \_\_\_ Addition TITLE 4.1 TITLE WARNER, EDWIN NAME 4. 2 NAME 1845 STETSON DRIVE STREET ADDRESS 4.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE MORRIS, GEORGE NAME 5.2 NAME 1011 JEFFORDS STREET STREET ADDRESS 5.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Addition 6.1 TITLE Change TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address

1-31-98

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