

FILE NUMBER 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

APPROVED
AND
FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65219** (3)

1. Corporation Name

CORPORATE HEALTH SERVICES, INC.

Principal Place of Business

**6761 PERMETER PARK BLVD.
SUITE 101
JACKSONVILLE FL 32216
US**

Mailing Address

**P. O. BOX 16800
JACKSONVILLE FL 32245-6800
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1989

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2938404

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GONZALES, RICHARD S. JR.
1881 BEACH AVE.
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

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 607.1508, 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 not standing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**GONZALES, RICHARD S. JR.
1881 BEACH AVE.
ATLANTIC BEACH FL 32233**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**GONZALES, SHARON H.
1881 BEACH AVE.
ATLANTIC BEACH FL 32233**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC

**FERRELL, R. ERNEST MD
6740 EDDING FORREST WAY N. #104
JACKSONVILLE FL 32217**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**FERRELL, IRISH DEAN
6740 EDDING FORREST WAY N. #104
JACKSONVILLE FL 32217**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☒ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☒ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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)(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:

Richard S. Gonzales Jr.
Richard S. Gonzales, Jr.

5/3/95

904-642-6767