

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K78230** (5)
PROFESSIONAL ADMINISTRATORS AND MANAGERS, INC.

APPROVED
AND
FILED
MAY -1 11 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2003 W KENNEDY BLVD TAMPA FL 33606-1550**
Mailing Address: **2003 W KENNEDY BLVD TAMPA FL 33606-1550**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1989	3a. Date of Last Report 12/07/1994
21. State	26. State	4. FEI Number 59-2947488		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEZIEL, JILL M 109 N BRUSH ST SUITE 500 TAMPA FL 33602				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 607.0102 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MADIEDO, DEBRA S.	1.2 NAME	
3. STREET ADDRESS	2003 W KENNEDY BLVD.	1.3 STREET ADDRESS	
4. CITY & STATE	TAMPA FL	1.4 CITY, ST, ZIP	
5. TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	EVERITT, BRENDA L.	2.2 NAME	
7. STREET ADDRESS	2003 W KENNEDY BLVD.	2.3 STREET ADDRESS	
8. CITY & STATE	TAMPA FL	2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY & STATE		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY & STATE		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY & STATE		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY & STATE		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is substantially true and that I am not aware of any exceptions stated in Section 199.032(4)(a) Florida Statutes. I further certify that the information included on this filing represents complete and correct information and that my signature shall have the same legal effect as if made under oath. This filing is effective on the date of the filing of this report or, if the report is filed by mail, on the date of the filing of this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE: *Debra S. Madiedo* **Madiedo** 4/27/95 813-251-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR