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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00879** **(1)**

1. Corporation Name

MERCHANT & PHYSICIANS' COLLECTION SERVICES OF MA RTIN COUNTY, INC.

Principal Place of Business	Mailing Address
3205 SW DEER RUN AVE OKEECHOBEE FL 34974 US	BOX 520 JENSEN BCH FL 34958 US

3. Date Incorporated or Qualified: 07/07/1989	3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0133592	☐ 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	

21 2. Principal Place of Business: 1188 N.E. Coy Senda	26 2a. Mailing Address: PO Box 520
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jensen Beach Fl.	28 City & State: Jensen Beach Fl.
24 Zip: 34957	25 County: Martin
	29 Zip: 34958
	30 Country

9. Name and Address of Current Registered Agent

RICHARDSON, JOHN
3205 SW DEER RUN AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Rebecca E. Potvin
82 Street Address (P.O. Box Number is Not Acceptable): 1188 N.E. Coy Senda
83
84 City: Jensen Beach FL 85 Zip Code: 34957

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: Rebecca E. Potvin — DATE: 4-3-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POTVIN, RICHARD		1.2 NAME	
STREET ADDRESS	500 N. FEDERAL HWY.		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POTVIN, LISA		2.2 NAME	
STREET ADDRESS	500 N FEDERAL HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 E. Potvin — 4-3-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)