FILE NOW: 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 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09144 (1)

1. Corporation Name

EXTENDED MEDICAL SERVICES, INC.

Principal Place of Business: P.O. BOX 10377, TALLAHASSEE FL 32302

Mailing Address: P.O. BOX 10377, TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1989

3a. Date of Last Report: 02/21/1994

4. FEI Number: 59-2962245 ☐ Applied For ☐ Not Applicable

2. Principal Office / Business: 21 | 2a. Mailing Address: 26

Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27

City & State: 23 | City & State: 28

Zip: 24 | Country: 25 | Zip: 29 | Country: 30

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

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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] N/C

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANEY, TOM C.
STREET ADDRESS	3333 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DV
NAME	SCHMIDT, TIM T.
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DV
NAME	WINGO, CHARLES H.
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DST
NAME	WARD, LYNNE W.
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DV
NAME	Dewey, Donald M.
STREET ADDRESS	3334 Capital Med. Blvd.
CITY-ST-ZIP	Talla., Fla. 32308
TITLE	DV
NAME	Nestor, Patricia W.
STREET ADDRESS	2540 Capital Medical Blvd
CITY-ST-ZIP	Talla., FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ 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(1)(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.

SIGNATURE: [signature] DST, Lynne W. WARD 5/6/95 (904) 942-5912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408471 FP