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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L09144** **(1)**

1. Corporation Name

EXTENDED MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10377 TALLAHASSEE FL 32302	P.O. BOX 10377 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: **08/15/1989**
3a. Date of Last Report: **05/11/1995**

4. FEI Number: **59-2962245** [ ] 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 **2540 Capital Med. Blvd**
22 Suite, Apt. #, etc.
23 City & State: **Tallahassee, Fl.**
24 Zip: **32308** 25 County: **Leon**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State: **Fl**
29 Zip: 30 County:

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: **Robert A. Pierce** DATE: **2/6/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	HANEY, TOM C.		12 NAME	
STREET ADDRESS	3333 CAPITAL MEDICAL BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		14 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	SCHMIDT, TIM T.		22 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		24 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	WINGO, CHARLES H.		32 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		34 CITY-ST-ZIP	
TITLE	DST	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	WARD, LYNNE W.		42 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		44 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	DEWEY, DONALD M		52 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.		53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		54 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	NESTOR, PATRICIA W		62 NAME	
STREET ADDRESS	2540 CAPITAL MEDICAL BLVD.		63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		64 CITY-ST-ZIP	

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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)(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.

SR 4/8/96

SIGNATURE: Lynne W. Ward, Dir. 2/6/96 (904) 942-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number