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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

~~3401 Capital Medical Blvd~~  
~~Tallahassee FL 32302~~

~~P.O. BOX 14097~~  
~~Tallahassee FL 32302-0977~~



2. Principal Place of Business

2a. Mailing Address

21 **3401 Capital Medical Blvd**

26 **3401 Capital Medical Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Tallahassee, FL.**

28 **Tallahassee, FL.**

Zip

Country

Zip

Country

24 **32308**

25 **USA**

29 **32308**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **4/1/97**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HANEY, TOM C.</b>	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>SCHMIDT, TIM T.</b>	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>WINGO, CHARLES H.</b>	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	<b>WARD, LYNNE W.</b>	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>DEWEY, DONALD M</b>	
STREET ADDRESS	<b>3334 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>NESTOR, PATRICIA W</b>	
STREET ADDRESS	<b>2540 CAPITAL MEDICAL BLVD.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LYNNE W. WARD</b>	
1.3 STREET ADDRESS	<b>3401 Capital Medical Blvd</b>	
1.4 CITY - ST - ZIP	<b>Tallahassee, FL, 32308</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>Tom C. Haney</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>3334 Capital Medical Blvd</b>	
4.3 STREET ADDRESS	<b>Tallahassee, FL.</b>	
4.4 CITY - ST - ZIP	<b>32308</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: **Lynne W. Ward**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/1/97** (904) 942-5912

CR2E034 (9/96)