

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L09144 (1)
1. Corporation Name
EXTENDED MEDICAL SERVICES, INC.



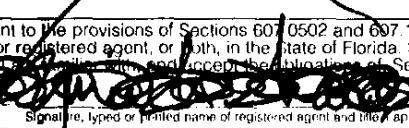
Principal Place of Business 3401 CAPITAL MEDICAL BLVD TALLAHASSEE FL 32308 US	Mailing Address SAME TALLAHASSEE FL 32302 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/15/1989	
4. FEI Number 59-2962245		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  Robert A. Pierce, Atty. 3/5/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	WARD, LYNNE W.	1.2 NAME	
STREET ADDRESS	3401 CAPITAL MEDICAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	SCHMIDT, TIM T.	2.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	WINGO, CHARLES H.	3.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	HANEY, TOM C.	4.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	DEWEY, DONALD M	5.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	
NAME	NESTOR, PATRICIA W	6.2 NAME	
STREET ADDRESS	2540 CAPITAL MEDICAL BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I 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:  3/5/98 (850)942-5912

CR2E034 (10/97)