SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90001 008 ***150.00

000125

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09144**

1. Corporation Name
EXTENDED MEDICAL SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of 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)

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 owes the current year Intangible Personal Property. ☐ 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: Patricia W Nestor — Patricia W Nestor — 7/13/99
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	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	WARD, LYNNE W.		1.2 NAME	Patricia W Nestor	
STREET ADDRESS	3401 CAPITAL MEDICAL BLVD		1.3 STREET ADDRESS	3401 Capital Medical Blvd	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee Fl 32308	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (5/99)

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: Patricia W Nestor — Patricia W Nestor — 7/13/99 — 850-942-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXTENDED MEDICAL SERVICES, INC. L09144

3401 Capital Medical Blvd.
Tallahassee, Florida 32308
(850) 942-5912
Fax (850) 942-4501

1-800-345-4603
Pager: (850) 386-0201

July 13, 1999

Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

To Whom it may concern:

Please find enclosed our filing fee check of $150 per phone conversation with your office this date. I just received the 2nd notice in the mail, but never saw the first notice. Our President, Lynne W Ward, handled these matters. She passed away January 29, 1999 from liver cancer. If a notice was received, it may have been misplaced during this time as she was trying to work from home.

Please advise if this $150 is not acceptable.

Sincerely,

Patricia W. Nestor
President