

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 20 AM 8:29

DOCUMENT # L26644 (9)
1. Corporation Name
SOUTHERN MANAGEMENT HEALTH SERVICES, INC.

Principal Place of Business
**455 N. INDIAN ROCK ROAD
BELLEAIR BLUFFS FL 34640-2014**

Mailing Address
**455 N. INDIAN ROCK ROAD
BELLEAIR BLUFFS FL 34640-2014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2979716** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCKLES, WILLIAM G., JR.
455 N. INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640**

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, 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 **PST**
NAME **BUCKLES, WILLIAM G., JR.**
STREET ADDRESS **455 N. INDIAN ROCKS RD.**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VO**
NAME **VELTMAN, GREG**
STREET ADDRESS **455 N. INDIAN ROCKS RD.**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **VO**
NAME **BARODY, MICHAEL**
STREET ADDRESS **455 N. INDIAN ROCKS RD.**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D**
NAME **VELTMAN, DAVID**
STREET ADDRESS **455 N. INDIAN ROCKS RD.**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Buckles, Jr.

6-12-95

Date

813/585.6385

Director's Name