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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **L34851** **(0)**

1. Corporation Name
FLORIDA HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
1101 GULF BREEZE PKWY, SUITE 112 GULF BREEZE FL 32561	1101 GULF BREEZE PKWY, SUITE 112 GULF BREEZE FL 32561

3. Date Incorporated or Qualified: 12/08/1989	3a. Date of Last Report: 03/31/1995
4. FEI Number: 62-1412742	☐ 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 1200 FT. PICKENS ROAD	26 FLORIDA HEALTH SERVICES, INC.
Suite, Apt. #, etc. 22 11B	Suite, Apt. #, etc. 27 P.O. BOX 1469
City & State 23 PENSACOLA BEACH, FL	City & State 28 GULF BREEZE, FL
Zip / Country 24 32561 / 25 USA	Zip / Country 29 32562 / 30 USA

9. Name and Address of Current Registered Agent

O'BRYANT, JIM
1101 GULF BREEZE PKWY
SUITE 112
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

61 Name: O'BRYANT, JIM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 FT. PICKENS ROAD
83: 11B
84 City: PENSACOLA BEACH FL 85 Zip Code: 32561

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 _____ DATE _____
Signature, typed or printed name of registered agent, and if applicable, the office address. (If registered agent is a corporation, the name and title of the officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRYANT, JAMES 1101 GULF BREEZE PKWY, STE 112 GULF BREEZE FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D O'BRYANT, JIM 1200 FT. PICKENS ROAD, 11B PENSACOLA BEACH, FL 32561 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	700001845588 -05/31/96--01022--015 ***200.00 ☐ Change ☐ Addition

CR2E034 (12/95)

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.

SIGNATURE: _____ 4/25/96 407 932-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JIM O'BRYANT PRESIDENT