FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
~~1101 GULF BREEZE PKWY. SUITE 112~~
~~GULF BREEZE FL 32561~~

Mailing Address
~~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

2. Principal Place of Business
21 1200 FT. PICKENS ROAD
Suite, Apt. #, etc.
22 11B
City & State
23 PENSACOLA BEACH, FL
Zip 24 32561 Country 25 USA

2a. Mailing Address
26 FLORIDA HEALTH SERVICES, INC.
Suite, Apt. #, etc.
27 P.O. BOX 1469
City & State
28 GULF BREEZE, FL
Zip 29 32562 Country 30 USA

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

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
81 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	~~O'BRYANT, JAMES~~	
STREET ADDRESS	~~1101 GULF BREEZE PKWY, STE 112~~	
CITY-ST-ZIP	~~GULF BREEZE FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	O'BRYANT, JIM	
1.3 STREET ADDRESS	1200 FT. PICKENS ROAD, 11B	
1.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700001845568	☐ Change ☐ Addition
6.2 NAME	-05/31/96--01022--015	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

5/1 32

14. I do hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: 4/25/96 Daytime Phone #: 904 932-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JIM O'BRYANT PRESIDENT

CR2E034 (12/95)