

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95966** (2)

1. Corporation Name

OUT PATIENT MANAGEMENT SERVICES, INC.

Principal Place of Business

**17580 U.S. HIGHWAY 441 WEST
MOUNT DORA FL 32757**

Mailing Address

**17580 U.S. HIGHWAY 441 WEST
MOUNT DORA FL 32757**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1990

3a. Date of Last Report

08/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FBI Number

59-3025688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RICHTER, HENRY J.
4918 DORA DRIVE
TANGERINE FL 32777**

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
RICHTER, HENRY J
4919 DORA DR.
TANGERINE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
SANTI, CELESTINO D
34237 PARKVIEW AVE.
EUSTIS FL 32725**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(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 registered agent empowered to execute the 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature of State