FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M08531** **(9)**

1. Corporation Name
CAPE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
C/O WALTER T. ROSE, JR.,101 N. ATLANTIC P.O. BOX 321255 COCOA BEACH FL 32932-1255	C/O WALTER T. ROSE, JR.,101 N. ATLANTIC P.O. BOX 321255 COCOA BEACH FL 32932-1255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1984
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: P.O. Box 320069
27: Suite, Apt. #, etc.:
28: City & State: Cocoa Beach, FL
29: Zip: 32932-0069 30: Country:

4. FEI Number: 59-2477477 ☐ 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

ROSE, WALTER T., JR.
101 N. ATLANTIC AVE.
COCOA BEACH FL 32931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GARRISON, LARRY F.	12 NAME	
STREET ADDRESS	701 W. COCOA BEACH CSWY.	13 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	ROBERSON, R.J.	22 NAME	
STREET ADDRESS	701 W. COCOA BCH. CSWY.	23 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BUSSEN, BRIAN	32 NAME	
STREET ADDRESS	701 W. COCOA BCH. CSWY.	33 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, CAROLYN	42 NAME	
STREET ADDRESS	701 W. COCOA BCH. CSWY.	43 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SPEZZANO, VINCENT	52 NAME	
STREET ADDRESS	701 W. COCOA BCH. CSWY.	53 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JONES, MARVIN	62 NAME	
STREET ADDRESS	701 W. COCOA BCH. CSWY.	63 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL	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 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: R.J. Roberson 4-20-95 407-799-7135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420630 FP