

**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

DOCUMENT # **M08531 (9)**  
1. Corporation Name  
**CAPE MEDICAL SERVICES, INC.**



Principal Place of Business: **C/O WALTER T. ROSE, JR. 101 N. ATLANTIC P.O. BOX 321255 COCOA BEACH FL 32932-1255**  
Mailing Address: **P.O. BOX 320069 P.O. BOX 321255 COCOA BEACH FL 32932-0069 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>12/04/1984</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>59-2477477</b>	Applied For <input type="checkbox"/> Not Appl.cable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSE, WALTER T., JR. 101 N. ATLANTIC AVE. COCOA BEACH FL 32931</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required with this filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRISON, LARRY F.</b>	1.2 NAME	
STREET ADDRESS	<b>701 W. COCOA BEACH CSWY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERSON, R.J.</b>	2.2 NAME	
STREET ADDRESS	<b>701 W. COCOA BCH. CSWY.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSSEN, BRIAN</b>	3.2 NAME	<b>D</b>
STREET ADDRESS	<b>701 W. COCOA BCH. CSWY.</b>	3.3 STREET ADDRESS	<b>175 Stewart Drive</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, CAROLYN</b>	4.2 NAME	<b>D</b>
STREET ADDRESS	<b>701 W. COCOA BCH. CSWY.</b>	4.3 STREET ADDRESS	<b>SPEZZANO, VINCENT</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	4.4 CITY-ST-ZIP	<b>855 S. Atlantic Avenue</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEZZANO, VINCENT</b>	5.2 NAME	
STREET ADDRESS	<b>701 W. COCOA BCH. CSWY.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, MARVIN</b>	6.2 NAME	
STREET ADDRESS	<b>701 W. COCOA BCH. CSWY.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BCH. FL</b>	6.4 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)(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: \_\_\_\_\_ **R.J. Roberson, S/T** 3/15/96 (407) 799-7135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)