

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O WALTER T. ROSE, JR., 101 N. ATLANTIC
P.O. BOX 321255
COCOA BEACH FL 32832-1255

P.O. BOX 320069
P.O. BOX 321255
COCOA BEACH FL 32832-0069
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, WALTER T., JR.
101 N. ATLANTIC AVE.
COCOA BEACH FL 32831

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARRISON, LARRY F.
STREET ADDRESS 701 W. COCOA BEACH CSWY.
CITY-ST-ZIP COCOA BEACH FL

☐ DELETE

TITLE ST
NAME ROBERSON, R.J.
STREET ADDRESS 701 W. COCOA BCH. CSWY.
CITY-ST-ZIP COCOA BEACH FL

☐ DELETE

TITLE D
NAME JONES, MARVIN
STREET ADDRESS 175 STEWART DR
CITY-ST-ZIP MERRITT ISLAND FL

☒ DELETE

TITLE D
NAME SPEZZANO, VINCENT
STREET ADDRESS 855 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH FL

☐ DELETE

TITLE D
NAME SPEZZANO, VINCENT
STREET ADDRESS 701 W. COCOA BCH. CSWY.
CITY-ST-ZIP COCOA BEACH FL

☒ DELETE

TITLE D
NAME JONES, MARVIN
STREET ADDRESS 701 W. COCOA BCH. CSWY.
CITY-ST-ZIP COCOA BCH. FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE Vice President
3.2 NAME Christopher Kennedy
3.3 STREET ADDRESS 550 Hidden Creek Dr.
3.4 CITY-ST-ZIP Merritt Island, FL 32952

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE Trustee
5.2 NAME James V. Palermo
5.3 STREET ADDRESS 699 W. Cocoa Beach Cswy
5.4 CITY-ST-ZIP Suite 505
Cocoa Beach, FL 32931

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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.

FILED
Aug 08 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1984
3a. Date of Last Report 03/26/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

CR2E034 (4/97)