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FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**P.O. BOX 320089
P.O. BOX 321255
COCOA BEACH FL 32932-0089
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 **PD** ☐ DELETE

NAME **GARRISON, LARRY F.**

STREET ADDRESS **701 W. COCOA BEACH CSWY.**

CITY-ST-ZIP **COCOA BEACH FL**

TITLE **ST** ☐ DELETE

NAME **ROBERSON, R.J.**

STREET ADDRESS **701 W. COCOA BCH. CSWY.**

CITY-ST-ZIP **COCOA BEACH FL**

TITLE **VP** ☐ DELETE

NAME **KENNEDY, CHRISTOPHER**

STREET ADDRESS **550 HIDDEN CREEK DR**

CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **D** ☐ DELETE

NAME **SPEZZANO, VINCENT**

STREET ADDRESS **855 S ATLANTIC AVE**

CITY-ST-ZIP **COCOA BEACH FL**

TITLE **T** ☐ DELETE

NAME **PALERMO, JAMES V**

STREET ADDRESS **699 W COCOA BCH CSWY**

CITY-ST-ZIP **COCOA BEACH FL**

TITLE **D** ☐ DELETE

NAME **JONES, MARVIN**

STREET ADDRESS **701 W. COCOA BCH. CSWY.**

CITY-ST-ZIP **COCOA BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 incorporator 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 amendment with an address.

CR2E034 (10/97)