

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90006 013 ***150.00

DOCUMENT # M08531

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1984

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 reinstating)

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STD

JONES, MARVIN

701 W. COCOA BCH CSWY.

COCOA BCH. FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)