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
MAY -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07804** **(8)**

1. Corporation Name

TAC/MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
109 OAK STREET P.O. BOX 9110 NEWTON UPPER FALLS MA 02164	109 OAK STREET P.O. BOX 9110 NEWTON UPPER FALLS MA 02164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1985**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **04-2871393** ☐ 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 assets or liabilities of under $ 100,000 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Section 607.0502 and/or 1506 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(S)

12. OFFICER AND/OR DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	REISMAN, KENNETH P.	NAME	
STREET ADDRESS	34 ROOSEVELT ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	CITY-ST-ZIP	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	BALSAMO, SALVATORE A.	NAME	
STREET ADDRESS	14 GRANDHILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	CITY-ST-ZIP	
TITLE	D	TITLE	X Change ☐ Addition
NAME	IANDOLI, MICHAEL J.	NAME	
STREET ADDRESS	491 CHESTNUT STREET	STREET ADDRESS	29 LANSING RD
CITY-ST-ZIP	NEWTON MA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BALSAMO, ANTHONY J	NAME	
STREET ADDRESS	110 KENSINGTON DR	STREET ADDRESS	
CITY-ST-ZIP	CANTON MA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report 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 report or supplemental 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 13 if I have changed, added, or deleted myself.

SIGNATURE: *Salvatore Balsamo* SALVATORE BALSAMO 4/25/95 (617) 969-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478230 FP