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 # **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

3. Date Incorporated or Qualified: **10/21/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 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 liability for intangible tax under s. 199.032, 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

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	CEO/TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	REISMAN, KENNETH P.		1.2 NAME	BALSAMO, SALVATORE A.	
STREET ADDRESS	34 ROOSEVELT ROAD		1.3 STREET ADDRESS	14 GRAND HILL DR.	
CITY-ST-ZIP	NEWTON MA		1.4 CITY-ST-ZIP	DOVER, MA	
TITLE	PTD	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BALSAMO, SALVATORE A.		2.2 NAME	IANDOLI, MICHAEL J.	
STREET ADDRESS	14 GRANDHILL DRIVE		2.3 STREET ADDRESS	29 LANSING RD.	
CITY-ST-ZIP	DOVER MA		2.4 CITY-ST-ZIP	NEWTON, MA	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IANDOLI, MICHAEL J.		3.2 NAME		
STREET ADDRESS	29 LANSING RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON MA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BALSAMO, ANTHONY J		4.2 NAME		
STREET ADDRESS	110 KENSINGTON DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON MA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE Kenneth Reisman, Clerk KENNETH P. REISMAN/CLERK 1/18/96 (617)969-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #