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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26417 (6)

1. Corporation Name
CMS TAMPA, INC.



Principal Place of Business

4904 EISENHOWER BLVD
SUITE 310
TAMPA FL 33634

Mailing Address

4904 EISENHOWER BLVD
SUITE 310
TAMPA FL 33634-6331

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

04/25/1996

4. FEI Number

54-1478472

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KENAMER, GERALD W
4904 EISENHOWER BLVD
SUITE 310
TAMPA FL 33634

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 CPD ☐ DELETE
NAME RAGANO, FRANK P
STREET ADDRESS % 4904 EISENHOWER BLVD., SUITE 310
CITY - ST - ZIP TAMPA FL 33634

TITLE V ☐ DELETE
NAME BURKE, JAMES A
STREET ADDRESS % 4904 EISENHOWER BLVD., SUITE 310
CITY - ST - ZIP TAMPA FL 33634

TITLE VT ☐ DELETE
NAME KENAMER, GERALD W
STREET ADDRESS % 4904 EISENHOWER BLVD., SUITE 310
CITY - ST - ZIP TAMPA FL 33634

TITLE S ☐ DELETE
NAME FOYL, JAMES D
STREET ADDRESS % 4904 EISENHOWER BLVD., SUITE 310
CITY - ST - ZIP TAMPA FL 33634

TITLE D ☐ DELETE
NAME FOOTE, GEORGE
STREET ADDRESS % SIXTH FLOOR, 8280 GREENBORO DRIVE
CITY - ST - ZIP MCLEAN VA 22102

TITLE D ☐ DELETE
NAME SAPP, EUGENE
STREET ADDRESS C/O SCI INC P.O. BOX 1000
CITY - ST - ZIP HUNTSVILLE AL

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

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.

SIGNATURE

GERALD W. KENAMER

4/15/97

813-882-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0366152

CP2E034 (9/96)