

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003395 (0)

1. Corporation Name

MOBILE MEDICAL SERVICES, P.A.



Principal Place of Business

W.
8900/SAMPLE ROAD, 3RD FLOOR
CORAL SPRINGS FL 33065

Mailing Address

W.
8900/SAMPLE ROAD, 3RD FLOOR
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0393925

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

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29 Zip Country

30

9. Name and Address of Current Registered Agent

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD., STE 485 SOUTH
HOLLYWOOD FL 33021

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, if applicable

Date of Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MOTZKIN, BETH A
9900/SAMPLE ROAD, 3RD FLOOR
CORAL SPRINGS FL 33065

STREET ADDRESS

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