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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003395 (0)

MOBILE MEDICAL SERVICES, P.A.

INOULL									
Principal Place of Business		Mailing Address			n sonstant den inest anni anni notife R	Tat ord) Ando	i tahun arian ana	101 0111 1001	
9900 SAMPLE ROAD, 3RD FLOOR CORAL SPRINGS FL 33085		9900 SAMPLE ROAD, 3RD FLOOR CORAL SPRINGS FL 33065-4048							
						Date Incorporated or Qualifie 11/09/1992		ate of Last 01/1996	Report
2. Principal P	act of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0393925			Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ 24	Country 25	Zip 29	30	untry		8. This corporation has liability f	Yes J	≥ 10%	s. 199.032,
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered	Agent	
GRE	EN, MITCHELL F			81	Name		,		
4000 HOLLYWOOD BLVD., STE 485 SOUTH				82	Street Add	Iress (P.O. Box Number is Not Accep	(able)	****	
HOL	LYWOOD FL 33021								
				83					
				84	City		FL	85 Zip	Code
11. Pursuant office or ragent if a	egistered agent, or both, in the St m familiar with land accept the ob	ate of Florida Such change v ligations of, Section 607.050	vas authorize 5, Florida Sta	ed by	the corpora	poration submits this statement for th ution's board of directors. I hereby acc	purpose o cept the app	f changing pointment a	its registered is registered
12.	Signature, typed or printed name of registered	AND DIRECTORS	INCITE: Registers	ed Age	nt signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OF		O DIRECTO	SRS IN 12
111LE	D	DELETE		TLF		ADDITIONS/OFFAGES TO OF	IOLIIO MINI	Change	
NAME	MOTZKIN, BETH A	_		IAME					
STREET ADDRESS	9900 SAMPLE ROAD, 3RD I	LOOR	1.3.5	TREET	ADDRESS				
CHY-ST ZIP	CORAL SPRINGS FL 33065			HTY-S	1				
TITLE	ŜT	DELETE			<u>, - </u>		, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	BERENSTEIN, ALBERT		2.2 N	IAME					
STREET ADDRESS	9900 WEST SAMPLE ROAD		235	STREET	AODRESS				
C 17-S1-7/P	CORAL SPRINGS FL		2.41	CITY-S	ST-21P				
TIFLE		☐ DELETE	3.1 1	ITLE				Change	Addition
NAME			3,2 1	IAME					
STREET ADDRESS			3.3 9	STAEET	address	•			
Crty - St - ZiP			3.4.	CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE				Change	Addition

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 supplier tell 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 proportion 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 or an atlachment with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME 63 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

THLE

NAME

THUE NAME

STREET ADDRESS

STREET ADDRESS

STREET ACIDRESS

CHTV - \$1 - 716

CITY - ST - 7(P

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

954-344-912

Change

Addition

☐ Addition

FILED

May 08 1997 8:00am

Secretary of State