

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044611 (0)

1. Corporation Name

PRIME MEDICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/16/1993
3a. Date of Last Report 03/29/1994

4. FEI Number 59-3194078
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
2a. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

9. Name and Address of Current Registered Agent
MCCARGAR, LEE T
13312 NO 56 STR
TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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) (Date) (Registered Agent signature required when reappointing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCARGAR, LEE T	1.2 NAME	
STREET ADDRESS	622 COLUMBIA DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33702	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	JARCZNSKI, LEANN	2.2 NAME	
STREET ADDRESS	6736 14TH ST. NORTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	2.4 CITY, ST, ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	JARCZYNSKI, SAMUEL	3.2 NAME	
STREET ADDRESS	6736 14TH STREET NORTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33702	3.4 CITY, ST, ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	JARCZYNSKI, SAMUEL	4.2 NAME	
STREET ADDRESS	6736 14TH ST. NORTH	4.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33702	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR TOPPER

4/19/95

Date

83-699-0007

Signature Required