

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 # P93000044611 (0)

1. Corporation Name

PRIME MEDICAL SERVICES, INC.



Principal Place of Business

13312 N. 56TH ST.  
TAMPA FL 33617  
US

Mailing Address

13312 N. 56TH ST.  
TAMPA FL 33617  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

04/25/1995

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

10. Name and Address of New Registered Agent

MCCARGAR, LEE T  
13312 NO 56 STR  
TAMPA FL 33617

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 607.0507 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 acknowledge obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

*Lee T. McCargar*

(If the Registered Agent signature is required when submitting

*1/22/96*

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCARGAR, LEE T	
STREET ADDRESS	622 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL 33702	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JARCZNSKI, LEANN	
STREET ADDRESS	6736 14TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JARCZYNSKI, SAMUEL	
STREET ADDRESS	6736 14TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JARCZYNSKI, SAMUEL	
STREET ADDRESS	6736 14TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lee T. McCargar*

*1/22/96* *013 899 0007*

Date

Daytime Phone #

CR2E034 (12/95)