SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: [illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:18

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000045823 (0)

1. Corporation Name
MEDICAL SERVICE BUREAU, INC.

Principal Place of Business	Mailing Address
1425 PINAR DR ORLANDO FL 32825 US	P O BOX 721308 ORLANDO FL 32872 US

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-3194794 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALONEY, MATTHEW 1425 PINAR DT SUITE 7 ORLANDO FL 32825	81 Name: Maloney, KATHLEEN 82 Street Address (P.O. Box Number is Not Acceptable): 1425 PINAR DC. 83 84 City: Orlando FL 85 Zip Code: 32825

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: *Kathleen Maloney, Pres.* KATHLEEN MALONEY, PRESIDENT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1 1 TITLE	☐ Change ☐ Addition
NAME	MALONEY, KATHLEEN	1 2 NAME	
STREET ADDRESS	1425 PINAR DR.	1 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1 4 CITY ST ZIP	
TITLE	VPS	2 1 TITLE	☐ Change ☐ Addition
NAME	MALONEY, MATTHEW	2 2 NAME	
STREET ADDRESS	1425 PINAR DR.	2 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		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)(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: *Kathleen Maloney, Pres.* KATHLEEN MALONEY, PRESIDENT 06/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
407-282-4204

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