

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000057632 (0)

1. Corporation Name

USA PROFESSIONAL ASSOCIATION, INC.

FILED
Sep 11 1998 8:00am
Secretary of State



Principal Place of Business

5550 HWY. 98
UNIT 905
DESTIN FL 32541

Mailing Address

503 MAIN STREET
3RD FLOOR FAULKNER BLDG
HATTIESBURG MS 39401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

65-0436160

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

PAYNE, W.A.
5550 HIGHWAY 98 EAST
UNIT 905
DESTIN FL 32541

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

NAME

PAYNE, W.A.
5550 HWY. 98 EAST #905
DESTIN FL 32541

STREET ADDRESS

CITY-ST-ZIP

TITLE VPT ☐ DELETE

NAME

PAYNE, MAXINE
2307 SUNSET DRIVE
HATTIESBURG MS 39402

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pres

W. A. Payne

9011 Hwy 98 West, #905

Destin, FL 32541-7254

Sec/Treas

Maxine Payne

2307 Sunset Drive

Hattiesburg, MS 39401

Vice Pres

Abb Payne

9011 Hwy 98 West, #905

Destin, FL 32541-7254

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-09/14/98--01134--046

***450.00

14. I 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 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, 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.

CR2E034 (5/98)

2

MEDICAL SYSTEMS, INC.

503 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39403 • Office 601-544-2903 • Wats 800-210-4674 • Facsimile 601-582-9553

July 29, 1998

Home Health Care of Mississippi

Columbus, Mississippi
Hattiesburg, Mississippi
Laurel, Mississippi
Poplarville, Mississippi

Home Health Care of Louisiana

Baton Rouge, Louisiana
Covington, Louisiana
Franklin, Louisiana
Houma, Louisiana
Kenner, Louisiana
Lafayette, Louisiana
Lake Charles, Louisiana
Metairie, Louisiana
New Orleans, Louisiana
Thibodaux, Louisiana

Home Health Care of Central

Alexandria, Louisiana

Home Health Care of Eastern

Bossier, Louisiana

Home Health Care of Northern

Shreveport, Louisiana

Home Health Care of Western

Fort Worth, Texas

Home Health Care of Southern

Atlanta, Georgia

USA Professional

Atlanta, Georgia

Managed Care

Atlanta, Georgia

Health Insurance

Atlanta, Georgia

Health Insurance

Atlanta, Georgia

Florida Department of State
Department of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Please accept the three enclosed annual reports for the following companies:

- Federal Managed Care Associates, Inc.
- USA Professional Association, Inc.
- Integrated Patient Services, Inc.

As suggested by an employee of the Division of Corporations over the telephone, we are submitting only the \$150 filing fee for each report. Because we did not receive the first notice for these reports, we are not sending the additional \$400 late penalty.

If you have any questions about these reports, please contact me at (601) 544-2900.

Sincerely,



Jennifer Caveny
Administrative Assistant