FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 27 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069933 (8)

1. Corporation Name
CAPITAL AREA PHYSICIANS SERVICES, INC.

Principal Place of Business	Mailing Address
3331 CAPITAL OAKS DRIVE TALLAHASSEE FL 32308	P. O. BOX 1782 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3204770 — 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 XX Yes [ ] No

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

9. Name and Address of Current Registered Agent

KIRKLAND, RONALD P
ACHS, INC.
625 E. TENNESSEE ST.
TALLAHASSEE FL 32308

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

TITLE	D
NAME	FALK, HARRY
STREET ADDRESS	625 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	JAMES, REGINALD
STREET ADDRESS	625 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	FLEET, EDWIN
STREET ADDRESS	625 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	P
NAME	KIRKLAND, RONALD P
STREET ADDRESS	625 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	S
NAME	~~COURTNEY, JOHN~~
STREET ADDRESS	~~3331 CAPITAL OAKS BLVD.~~
CITY-ST-ZIP	~~TALLAHASSEE FL~~
TITLE	T
NAME	BEMBRY, GARY L
STREET ADDRESS	625 E. TENNESSEE ST.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		[ ] Change [ ] Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		[ ] Change [ ] Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		[ ] Change [ ] Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		[ ] Change [ ] Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP	S Kathleen A. Jensen 3331 Capital Oaks Blvd. Tallahassee, FL	[X] Change [ ] Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		[ ] Change [ ] Addition

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(1)(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 address.

SIGNATURE: [signature] 2/13/95 (904) 487-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
Ronald P. Kirkland, President

0098364 CP