FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000069933 (8)**

1. Corporation Name

CAPITAL AREA PHYSICIANS SERVICES, INC.

Principal Place of Business
3331 CAPITAL OAKS DRIVE
TALLAHASSEE FL 32308

Mailing Address
P. O. BOX 1782
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business
21 625 E. Tennessee Street
Suite, Apt. #, etc.
22
City & State
23 Tallahassee, FL
Zip
24 32308
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3204770 — 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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FALK, HARRY	
STREET ADDRESS	625 E. TENNESSEE ST.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	JAMES, REGINALD	
STREET ADDRESS	625 E. TENNESSEE ST.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	FLEET, EDWIN	
STREET ADDRESS	625 E. TENNESSEE ST.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	P	☐ DELETE
NAME	KIRKLAND, RONALD P	
STREET ADDRESS	625 E. TENNESSEE ST.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	S	☐ DELETE
NAME	JENSEN, KATHLEEN A.	
STREET ADDRESS	3331 CAPITAL OAKS BLVD.	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	T	☐ DELETE
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	Jensen, Kathleen A.	
5.3 STREET ADDRESS	625 E. Tennessee Street	
5.4 CITY, ST, ZIP	Tallahassee, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is accurate, and that this filing 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 is accompanied by an attachment with an address.

SIGNATURE: Gary L Bembry

SIGNATURE AND/OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L BEMBRY TREASURER

Date

(904) 487-0220
Daytime Phone #

CR2E034 (12/95)