

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002076 (5)

1. Corporation Name

MEDASSIST-SS, INC.

Principal Place of Business

**930 FLORIDA AVENUE
PALM HARBOR FL 34683**

Mailing Address

**930 FLORIDA AVENUE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

City & State

23

City & State

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TURTZO, CRAIG
930 FLORIDA AVENUE
PALM HARBOR FL 34683**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
TURTZO, CRAIG
930 FLORIDA AVENUE
PALM HARBOR FL 34683**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
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	☐	☐

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 if changed, or on an attachment with an address.

SIGNATURE:

Scott Skibbie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95
Date

(813) 282-2480
Telephone Number