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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:47

DOCUMENT # P94000010359 (5)

1. Corporation Name

MEDICAL PROFESSIONAL SERVICES, INC.

Principal Place of Business

783 CREPE MYRTLE CIRCLE  
APOPKA FL 32712

Mailing Address

783 CREPE MYRTLE CIRCLE  
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/02/1994

4. FEI Number

EIN - 59-3223547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financial

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,  
Florida Statutes

☒ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, RUTH K  
783 CREPE MYRTLE CIRCLE  
APOPKA FL 32712

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 officer 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 in printed name of registered agent or officer or director

Signature typed in printed name of registered agent or officer or director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

PTD  
STEWART, RUTH K  
783 CREPE MYRTLE CIRCLE  
APOPKA FL 32712

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME

VD  
REBMAN, STEVEN H  
1888 OLD BOONES CREEK RD.  
GRAY TN 37615

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☒ Change ☐ Addition

DELETE

TITLE  
NAME

SD  
MONROE, JUDITH  
331 CELERY CIRCLE  
OVEIDO FL 32765

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☒ Change ☐ Addition

DELETE

TITLE  
NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 193.032(1)(b), 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 and make certain that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH STEWART

2/21/95 407-884-9750