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 MAR -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021725 (4)

1. Corporation Name

PCS-ORLANDO, INC.

Principal Place of Business	Mailing Address
1802 BELLEVUE AVENUE SUITE 103 ORLANDO FL 32806	1802 BELLEVUE AVENUE SUITE 103 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3885 Oakwater Circle	26 3885 Oakwater Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32806 / Country 25 ~~Or~~ USA	Zip 29 32806 / Country 30 USA

4. FEI Number: 59-3231639 — ☐ 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

HOLT, SHAMUS M
1802 BELLEVUE AVENUE
SUITE 103
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: Shamus M. Holt
82 Street Address (P.O. Box Number is Not Acceptable): 3885 Oakwater Circle
83
84 City: Orlando FL 85 Zip Code: 32806

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

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	T/D ☑ Change ☒ Addition
NAME	CAPPELMAN, JOHN	1 2 NAME	John Cappleman, MD
STREET ADDRESS	1802 BELLEVUE AVENUE SUITE 103	1 3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL 32806	1 4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D	2 1 TITLE	VP/D ☑ Change ☒ Addition
NAME	DEAN, BONNIE	2 2 NAME	Bonnie Dean, M.D.
STREET ADDRESS	1802 BELLEVUE AVENUE SUITE 103	2 3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP	ORLANDO FL 32806	2 4 CITY-ST-ZIP	Orlando FL 32806
TITLE	D	3 1 TITLE	S/D ☑ Change ☒ Addition
NAME	HOLT, SHAMUS M	3 2 NAME	Shamus M. Holt
STREET ADDRESS	1802 BELLEVUE AVENUE SUITE 103	3 3 STREET ADDRESS	3885 Oakwater
CITY-ST-ZIP	ORLANDO FL 32806	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	P/D ☐ Change ☑ Addition
NAME		4 2 NAME	Gerald Kirch, M.D.
STREET ADDRESS		4 3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP		4 4 CITY-ST-ZIP	Orlando FL 32806
TITLE		5 1 TITLE	AT/D ☐ Change ☑ Addition
NAME		5 2 NAME	John Wilker, MD
STREET ADDRESS		5 3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Orlando FL 32806
TITLE		6 1 TITLE	AS/D ☐ Change ☑ Addition
NAME		6 2 NAME	David Cilbrith, M.D.
STREET ADDRESS		6 3 STREET ADDRESS	3885 Oakwater Cr.
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Orlando FL 32806

14. I 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)(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 an address.

SIGNATURE: Shamus Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066902 CP