

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000042083 (3)**
1. Corporation Name
PROFESSIONAL PARAMEDICAL & MEDICAL SERVICES, INC



Principal Place of Business

**4077 WOODCOCK DRIVE STE. 112
JACKSONVILLE FL 32207**

Mailing Address

**4040 WOODCOCK DRIVE
SUITE 100
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3245420

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

**SMITH, WILLIAM R JR
7185 RIDGEGLEN COURT
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name **Smith, William R. Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
4040 Woodcock Dr. Ste 100
83
84 City **Jacksonville** FL 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE **William R. Smith, Jr.** Owner **William R. Smith, Jr.** 1-29-96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SMITH, WILLIAM R. JR**
STREET ADDRESS **4040 WOODCOCK DRIVE, STE. 100**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **R** ☒ DELETE
NAME **DELL SMITH, CHERYL**
STREET ADDRESS **4040 WOODCOCK DRIVE, STE. 100**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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: **William R. Smith, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 904-396-3537

CR2E034 (12/95)