

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **3117 Spring Glen Rd.**
Suite, Apt. #, etc.
22 **Ste 404**
City & State
23 **JACKSONVILLE, FL**
Zip
24 **32207**
County
25 **Duval**

2a. Mailing Address
26 **3117 Spring Glen Rd.**
Suite, Apt. #, etc.
27 **Ste 404**
City & State
28 **JACKSONVILLE, FL**
Zip
29 **32207**
County
30 **Duval**

3. Date Incorporated or Qualified
06/07/1994

4. FET 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, WILLIAM R JR
4040 WOODCOCK DRIVE
SUITE 100
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name **Smith, William R., Jr**
82 Street Address (P.O. Box Number is Not Acceptable)
3117 Spring Glen Rd #404
83
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SMITH, WILLIAM R. JR	4040 WOODCOCK DRIVE, STE. 100	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Smith, William R. Jr.	3117 Spring Glen Rd. #404	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)