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 MAY 31 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/01/95--01114--008
****200.00 ****200.00

DOCUMENT # P94000069166 (4)

1. Corporation Name

PAYMED OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4417 BEACH BLVD SUITE 105 JACKSONVILLE FL 32207	4417 BEACH BLVD SUITE 105 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 09/19/1994

3a. Date of Last Report:

2. Principal Place of Business (21) — Suite Apt # etc (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite Apt # etc (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: Applied For ☒ 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 F.S. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHEPHERD, PATRICIA L
4417 BEACH BLVD
SUITE 105
JACKSONVILLE FL 32207

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: (Typed or printed name of registered agent and title if applicable) (If changing registered agent, registered agent signature required below) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 Title	PSTD	111 Title	☐ Change ☐ Addition
102 Name	SHEPHERD, PATRICIA L	112 Name	
103 Street Address	4417 BEACH BLVD SUITE 105	113 Street Address	
104 City St Zip	JACKSONVILLE FL 32207	114 City St Zip	
201 Title	VD	211 Title	☐ Change ☐ Addition
202 Name	HUTCHINS, KENNETH L	212 Name	
203 Street Address	4417 BEACH BLVD SUITE 105	213 Street Address	
204 City St Zip	JACKSONVILLE FL 32207	214 City St Zip	
301 Title		311 Title	☐ Change ☐ Addition
302 Name		312 Name	
303 Street Address		313 Street Address	
304 City St Zip		314 City St Zip	
401 Title		411 Title	☐ Change ☐ Addition
402 Name		412 Name	
403 Street Address		413 Street Address	
404 City St Zip		414 City St Zip	
501 Title		511 Title	☐ Change ☐ Addition
502 Name		512 Name	
503 Street Address		513 Street Address	
504 City St Zip		514 City St Zip	
601 Title		611 Title	☐ Change ☐ Addition
602 Name		612 Name	
603 Street Address		613 Street Address	
604 City St Zip		614 City St Zip	

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in 5 U.S.C. 552a(b)(9), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my electronic 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or 11 above, if changed, or on an attachment with an address.

SIGNATURE: Patricia S. Shepherd
SIGNATURE AND TITLE OR PRINTED NAME OF SOME OFFICER OR DIRECTOR

4/24/95 (Date) 904 398-3374 (Daytime Phone #)

0016040 CP