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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 01 1996 8:00 am
Secretary of State

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DOCUMENT # P94000069821

1. Corporation Name

PROFESSIONAL HEALTH SERVICES OF CENTRAL FLORIDA, INC

Principal Place of Business	Mailing Address
21 3618 EAST LAKE Rd	26 3618 EAST LAKE Rd
22 Suite, Apt. #, etc. SUITE 135	27 Suite, Apt. #, etc. SUITE 135
23 City & State PALM HARBOR FLA.	28 City & State PALM HARBOR, FLA
24 Zip 34685 25 Country PINELLAS	29 Zip 34685 30 Country PINELLAS

3. Date Incorporated or Qualified: 9/20/94
3a. Date of Last Report: 5/30/95
4. FEI Number: 59-3297979 — Applied For / Not Applicable
5. Certificate of Status Desired: X — **$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 X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: CORPORATION INFORMATION SERVICES, INC
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	☐ Change ☐ Addition PRES, DIRECTOR & SECY REGINA M. MARGOLIES ~~8628 SUITE 112~~ 854 CYPRESS LAKEVIEW CT. TARPON SPRINGS, FLA 34689
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	☐ Change ☐ Addition 3/4/96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Regina M. Margolies — 2/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

REGINA M. MARGOLIES, PRES — 813-942-1010
Title — Daytime Phone #