

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

FILED  
May 28 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 # P94000083908 (1) 1. Corporation Name <b>Total Medical Solutions, Inc.</b>			
Principal Place of Business <del>490 NORTH STREET</del> <del>STE 124</del> <del>LONGWOOD FL 32750</del> US		Mailing Address <del>490 NORTH STREET</del> <del>STE 124</del> <del>LONGWOOD FL 32750</del> US	
2. Principal Place of Business 21 321 E Georgia Ave Suite, Apt. #, etc. 22 City & State 23 Longwood, FL Zip Country 24 32750 25 USA		2a. Mailing Address 26 321 E Georgia Ave Suite, Apt. #, etc. 27 City & State 28 Longwood, FL Zip Country 29 32750 30 USA	
9. Name and Address of Current Registered Agent <del>ROY, DAVID R ESQ</del> <del>4201 N. FEDERAL HIGHWAY</del> <del>POMPANO BEACH FL 33064</del>		10. Name and Address of New Registered Agent 81 Name 82 Julia L. Frey, Esquire 83 Street Address (P.O. Box Number is Not Acceptable) Lowndes, Drosdick, Doster, Kantor & Reed, P.A. 84 215 North Eola Drive City Orlando FL 85 Zip Code 31801	
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 <i>[Signature]</i> 4/22/98 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME ROY, MARCIA F STREET ADDRESS 429 BAY TREE LANE CITY-ST-ZIP LONGWOOD FL TITLE VSD NAME ROY, WILFRED J III STREET ADDRESS 429 BAY TREE LANE CITY-ST-ZIP LONGWOOD FL TITLE T NAME SHEPHERD, JOSEPH C STREET ADDRESS 114 WINDTREE LANE CITY-ST-ZIP WINTER GARDEN FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1994	Applied For Not Applicable
4. FEI Number 59-3278195	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/98

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROY, MARCIA F	
STREET ADDRESS	429 BAY TREE LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROY, WILFRED J III	
STREET ADDRESS	429 BAY TREE LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHEPHERD, JOSEPH C	
STREET ADDRESS	114 WINDTREE LANE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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--05/28/98--01035--006  
\*\*\*150.00

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.

SIGNATURE *[Signature]*

4/15/98

10/7/98

CR2E034 (10/97)