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

Mailing Address

SUITE 205

4063 SALISBURY ROAD

JACKSONVILLE FL 32216

Suite, Apt. #, etc. Suite 100

City & State

Zin 32207

29

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's

2a. Mailing Address 26 4555 Emerson Expway

Jacksonville, FL

Country

Duval

83 84 City

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

4063 SALISBURY ROAD

JACKSONVILLE FL 32216

Suite, Apt. #, etc.

City & State

32207

Zip

24

Suite 100

2. Principal Place of Business

4555 Emerson Expway

Country

25 Duval

g. Name and Address of Current Registered Agent

Jacksonville, FL

PEEK, EUGENE G HI

JACKSONVILLE FL 32207

1301 RIVERPLACE, SUITE 1609

SUITE 205



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9500000641 (7) ADMED SERVICES, INC.

	1 CO 13 1776 6.00am			
NS	Secretary of State			
	DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified				
	01/01/1995			
way	4. FEI Number Applied For			
way	59-3287336 Not Applicable			
	5. Certificate of Status Desired			
	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
a 1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name	10. Name and Address of New Registered Agent			
Street	Address (P.O. Box Number is Not Acceptable)			
City	FL es Zip Code			
named the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered			
signature	required when reinstating) DATE			
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	Change Addition			
DDAESS	4555 Emerson Expway, Suite 100			
ZIP	Jacksonville, FL 32207			
	☐ Change ☐ Addition ☐			
DDRESS	4555 Emerson Expway, Suite 100 Jacksonville, FL 32207			
. 7iP				

Feb 13 1008 8:00am

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typical or planted upper direct agree of regular method agree and interil applicable. (EXCIT: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	Change Addition		
NAME	HOYT, PAMELA J	1.2 NAME			
STREET ADDRESS	4083 SALISBURY ROAD SUITE 205	1.3 STREET ADDRESS	4555 Emerson Expway, Suite 100		
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32207		
TITLE	D DELETE	2.1 TITLE	Change Addition		
NAME	VARNADOE, R. WYLENE	2.2 NAME			
STREET ADDRESS	4063 SALISBURY ROAD SUITE 205	23 STREET ADDRESS	4555 Emerson Expway, Suite 100		
CITY-ST-ZIP	JACKSONMILE FL	2. 4 City-ST-ZiP	Jacksonville, FL 32207		
TITLE	☐ DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3 4. CHTY- ST-ZIP	į		
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	· 	4.4 CITY-ST-ZIP			
TITLE	DELETE	5 1 TITLE	Change Addition		
NAME		5 2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY - ST - ZIP		5 4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6 3 STREET ADDRESS			

14. Thereby 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 of suppliemental 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 of 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 changes, or on an attachment with an address.

SIGNATURE.

(L.C.) (1904–39P-2610)

6.4 CITY-ST-ZIP

SIGNATURE:

ath W. Varnadoe 2/6/98

904-398-2010