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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016438 (0)

MEDICAL LICENSING SERVICE, INC.

ered agent, or both, in the State	28. Mailing Address 26 Suite, Apl. #, etc. 27 City & State 28 Zip 29 It Registered Agent	Cou 30	81 Name	3. Date Incorporated or Qualified 02/28/1995 4. FEI Number 59-3303129 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes  10. Name and Address of New Recess (P.O. Box Number is Not Acceptable)	ntangible Yes [ gistered /	\$8.75 A Fee Re \$5.00 Added tax under s	oplied For ot Applicable Additional equired May Be to Fees
Country  25  Name and Address of Curren  STEVEN E  ETROPOLITAN CIRCLE  ASSEE FL 32308	26 Suite, Apl. #, etc. 27 City & State 28 Zip 29	<b>⊢</b> ¬	81 Name 82 Street Addr	59-3303129  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for i Florida Statutes  10. Name and Address of New Re-	ntangible Yes [	\$8.75 A Fee Re \$5.00 Added tax under s	ot Applicable Additional equired May Be to Fees
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ered agent, or both, in the State			03				
ered agent, or both, in the State			84 City			<b>                                    </b>	Code
ered agent, or both, in the State			84 City		FL	<b>85</b> Zip	CODE
miliar with, and accept the obligi	of Florida, Such change was	authorizer	d by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of at the <b>a</b> pp	changing it ointment as	is registered registered
tine, typed or pertent rame of registered age	onl and title if applicable (NO	TE: Angistera	d Agent signature requi		DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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ortify that the information econolic	d with this filling does not are			d in Section 119 07(3)(i) Florida Statute	s   furtho	r certify that	the
R B A P L B A	rect agent, or both, in the State niliar with, and accept the obligative of the obli	pred agent, or both, in the State of Florida. Such change was niliar with, and accept the obligations of. Section 607.0505, First, typed or per text rank, of registered agent and title if applicable.  OFFICERS AND DIRECTORS  DELETE  WANKLIN, KENNETH L  48 METROPOLITAN CIRCLE  LLEN, STEVEN E  48 METROPOLITAN CIR  LLEN, STEVEN E  48 METROPOLITAN CIR  LLEN, STEVEN E  49 DELETE  DELETE  DELETE  DELETE	pred agent, or both, in the State of Florida. Such change was authorized nitiar with, and accept the obligations of. Section 607.0505, Florida State of Florida Per tear rank of registered agent and title if applicable (NOTE Begistered OFFICERS AND DIRECTORS)    DELETE	The state of Florida. Such change was authorized by the corporal niliar with, and accept the obligations of. Section 607.0505, Florida Statutes.  The street of pertent rank of registered appnil and life if applicable  OFFICERS AND DIRECTORS  13.  DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  LEN, STEVEN E  14 CITY-ST-ZIP  DELETE  15 TITLE  16 DELETE  17 TITLE  18 METROPOLITAN CIRCLE  19 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 DELETE  16 TITLE  17 NAME  18 STREET ADDRESS  18 CITY-ST-ZIP  19 DELETE  19 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  16 STREET ADDRESS  17 CITY-ST-ZIP  18 DELETE  19 DELETE  19 DELETE  10 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  16 STREET ADDRESS  16 CITY-ST-ZIP  17 DELETE  18 STREET ADDRESS  18 CITY-ST-ZIP  19 DELETE  19 DELETE  19 DELETE  10 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  15 STREET ADDRESS  16 CITY-ST-ZIP  17 DELETE  18 STREET ADDRESS  18 CITY-ST-ZIP  19 DELETE  19 DELETE  19 DELETE  19 DELETE  10 DELETE  10 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  15 STREET ADDRESS  16 CITY-ST-ZIP  17 DELETE  18 DELETE  19 DELETE  19 DELETE  10 DELETE  10 DELETE  10 DELETE  10 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  15 STREET ADDRESS  16 CITY-ST-ZIP  17 DELETE  18 DELETE  19 DELETE  19 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 TITLE  16 DELETE  17 DELETE  18 DELETE  19 DELETE  10 DELETE  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  15 DELETE  16 DELETE  17 DELETE  18 DELETE  18 DELETE  19 DELETE  19 DELETE  10 DE	arcd agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby acceptified when reinstating to the obligations of. Socilion 607.0505, Florida Statutes.    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICE	arce a gent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the applicar with, and accept the obligations of. Socion 607.0505, Florida Statutes.  **Climator is five trans. of registered agent and title it aspecials**  OFFICERS AND DIRECTORS    DELETE   11 Title	OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  NAKLIN, KENNETH 1  12 NAME 13 SIRRET ADDRESS 14 CITY-ST-ZIP  DELETE 22 NAME 23 SIRRET ADDRESS 34 CITY-ST-ZIP  DELETE 41 TITLE  Change Ch