

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023636 (0)

1. Corporation Name

HAWKEYE MEDICAL SERVICES, INC.



Principal Place of Business

9887 4TH STREET NORTH
SUITE 309
ST. PETERSBURG FL 33702

Mailing Address

9887 4TH STREET NORTH
SUITE 309
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 21686
27 Suite, Apt. #, etc.

23 City & State

28 St. Petersburg, FL

24 Zip

25 Country

29 33742

30 Pinellas

4. FEI Number

59-3363134

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. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERMOST, CRAIG A
9887 4TH STREET NORTH
SUITE 309
ST. PETERSBURG FL 33702

81 Name DARREN J. VERMIST

82 Street Address (P.O. Box Number is Not Acceptable)
9887 4th Street N

83 Suite 309

84 City St. Petersburg

FL

85 Zip Code 33702

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 *[Signature]* DARREN J. VERMIST

5/13/96

Signature, typed or printed name of registered agent, and the date of filing

(To be signed by registered agent when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VERMIST, RONALD E
STREET ADDRESS 2900 SANDPIPER PLACE
CITY-ST-ZIP CLEARWATER FL 34622 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VERMIST, JOYCE A
STREET ADDRESS 2900 SANDPIPER PLACE
CITY-ST-ZIP CLEARWATER FL 34622 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VERMIST, CRAIG A
STREET ADDRESS 3016 GULL PLACE
CITY-ST-ZIP CLEARWATER FL 34622 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME VERMIST, DARREN J
STREET ADDRESS 11405 3RD STREET NORTH, UNIT 3
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ 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

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: *[Signature]* DARREN J. VERMIST 5/13/96 813-549-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)