

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

FILED

Apr 23 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000054122 (3)

1. Corporation Name

PRACTICE SERVICES, INC.

Principal Place of Business

121 NW THIRD STREET
OCALA FL 34475-6695

Mailing Address

121 NW THIRD STREET
OCALA FL 34475-6640

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3335285

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

g. Name and Address of Current Registered Agent

SIMONS, GARY C
121 NW THIRD STREET
OCALA FL 34475-6695

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DYER, MICHELL T
STREET ADDRESS 131 SW 15 ST
CITY-ST-ZIP Ocala FL 34474 ☐ DELETE

TITLE STD
NAME MUTARELLI, RICHARD D
STREET ADDRESS 131 SW 15 ST
CITY-ST-ZIP Ocala FL 34474 ☐ DELETE

TITLE D
NAME CLARK, PAUL G
STREET ADDRESS 131 SW 15 STREET
CITY-ST-ZIP Ocala FL 34474 ☐ DELETE

TITLE D
NAME MUSGRAVE, DAVID E JR
STREET ADDRESS 131 SW 15 STREET
CITY-ST-ZIP Ocala FL 34474 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Michell, Dyer T.
1.3 STREET ADDRESS 131 SW 15th Street
1.4 CITY-ST-ZIP Ocala, FL 34474

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Mutarelli, Richard D.
2.3 STREET ADDRESS 131 SW 15th Street
2.4 CITY-ST-ZIP Ocala, FL 34474

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 900002143249
3.3 STREET ADDRESS -04/15/97--01024--001
3.4 CITY-ST-ZIP ***347.50

4.1 TITLE C ☐ Change ☒ Addition
4.2 NAME Douglas R. Murphy, M.D.
4.3 STREET ADDRESS 1500 SE 17th Street
4.4 CITY-ST-ZIP Ocala, FL 34471

5.1 TITLE VC ☐ Change ☒ Addition
5.2 NAME Janet Fuller
5.3 STREET ADDRESS P. O. Box 3038/131 SW 15th Street
5.4 CITY-ST-ZIP Ocala, FL 34471

6.1 TITLE STD ☐ Change ☒ Addition
6.2 NAME Robert J. Kitos, M.D.
6.3 STREET ADDRESS 1500 SE 17th Street
6.4 CITY-ST-ZIP Ocala, FL 34471

14. I do 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.

Richard D. Mutarelli, Sr. Vice President/Finance

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1997

Date Daytime Phone #

CR2E034 (9/96)