

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

FILED  
May 15 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 # P95000054122 (3)

1. Corporation Name

PRACTICE SERVICES, INC.

Principal Place of Business

Mailing Address

121 NW THIRD STREET  
OCALA FL 34475-6695

121 NW THIRD STREET  
OCALA FL 34475-6695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1995

4. FEI Number

59-3335285

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Dr. William Costenbader  
1.3 STREET ADDRESS 131 SW 15th St.  
1.4 CITY-ST-ZIP Ocala, FL 34474

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

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

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

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Dr. Cheryl Mann  
3.3 STREET ADDRESS 1503 SW 1st Ave  
3.4 CITY-ST-ZIP Ocala, FL 34474

TITLE C ☐ DELETE  
NAME MURPHY, DOUGLAS M.D.  
STREET ADDRESS 1500 SE 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VC ☐ DELETE  
NAME FULLER, JANET  
STREET ADDRESS 131 SW 15TH STREET  
CITY-ST-ZIP Ocala FL 34471

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME KITOS, ROBERT J M.D.  
STREET ADDRESS 1500 SE 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*R. Mutarelli*

4/28/98

CR2E034 (10/97)