

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 # P95000059665 (6)

1. Corporation Name

LIBERTY MEDICAL SERVICES, INC.



Principal Place of Business

7671 - 62ND WAY NORTH
PINELLAS PARK FL 34665

Mailing Address

7671 - 62ND WAY NORTH
PINELLAS PARK FL 34665

2. Principal Place of Business

21 LIBERTY MEDICAL SERV

Suite, Apt. #, etc.

22 11590 SEMINOLE BLVD Suite C-2

City & State

23 SEMINOLE, FLORIDA

Zip

24 34648

Country

25 PINELLAS

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

28

City & State

29

Zip

30

Country

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FEI Number

59-3329565

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$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

BASKIN, HAMDEN H III
516 NORTH FT. HARRISON AVENUE
CLEARWATER FL 34616

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 typed or printed name of registered agent and that of applicable

Public Registered Agent's Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NIGHTENGALE, CHRIS A SR.
STREET ADDRESS 7671 - 62ND WAY NORTH
CITY - ST - ZIP PINELLAS PARK FL 34665

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this report was 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 a statement with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

SG 5-1-96

CR2E034 (12/95)