

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000077539 (1)  
1. Corporation Name

FLORIDA 1ST MEDICAL SERVICES INC.



Principal Place of Business Mailing Address  
283 N. NORTHLAKE BLVD. SUITE 111 283 N. NORTHLAKE BLVD. SUITE 111  
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 29 30

3. Date Incorporated or Qualified 10/05/1995 3a. Date of Last Report  
4. FEI Number 59-3324231 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

CLARKE, JAMES M  
283 N. NORTHLAKE BLVD, SUITE 111  
ALTAMONTE SPRINGS FL 32701

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 title if applicable

(If SE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT/CEO  
12 NAME JAMES M. CLARKE  
13 STREET ADDRESS 283 N. NORTHLAKE BLVD SUITE 111  
14 CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32701  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James M. Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. CLARKE

6-26-96

407-831-4543

CR2E034 (3/96)