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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083296

1. Corporation Name
VICAR SERVICES INC

Principal Place of Business Mailing Address
1135 guernsey dr
Lawrenceville ga 30043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10-31-95
4. FEI Number
65-0615900 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 1135 guernsey dr 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 Lawrenceville ga
Zip Country Zip Country
24 30043 25 29 30

9. Name and Address of Current Registered Agent
ANTONY BERNARD
16201 SW 95 AVE # 109
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name ANTONY BERNARD
82 Street Address (P.O. Box Number is Not Acceptable)
16201 SW 95 AVE # 109
83
84 City MIAMI FL 85 Zip Code 33157

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 re-instating) DATE

Table with 12 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Entries include Victor M Bonnet (President) and Margua Bonnet (Secretary).

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Includes columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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, with all other like empowered.

SIGNATURE: [Signature] Date: 6-16-99 Daytime Phone #: 770.6826955

CR2E034 (11/98)