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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

12. OFFICERS AND DIRECTORS  
TITLE PRESIDENT  DELETE  
NAME VICTOR M BONNET  
STREET ADDRESS 1135 guernsey dr  
CITY-ST-ZIP LAWRENCEVILLE ga 30043  
TITLE SECRETARY  DELETE  
NAME MARGA BONNET  
STREET ADDRESS 1135 guernsey dr  
CITY-ST-ZIP LAWRENCEVILLE ga 30043  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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, with all other like empowered.

SIGNATURE: [Signature] DATE: 6-16-99 DAYTIME PHONE #: 770.6826955

CR2E034 (11/98)