

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 # P95000097563 (7)

1. Corporation Name

MMS PENSACOLA, INC.



Principal Place of Business

2600 NORTH MILITARY TRAIL  
SUITE 390  
BOCA RATON FL 33431

Mailing Address

2600 NORTH MILITARY TRAIL  
SUITE 390  
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 6706 North Ninth Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A-1

27

City & State

City & State

23 Pensacola FL

28

Zip

Country

Zip

Country

24 32504

25 Escambia

29

30

3. Date Incorporated or Qualified

12/27/1995

3a. Date of Last Report

NA

4. FEI Number

59-3358295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE D ☐ DELETE  
NAME CARVER, WAYNE  
STREET ADDRESS 123 YORKSHIRE DRIVE  
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D-P ☒ Change ☐ Addition  
1.2 NAME CARVER, WAYNE  
1.3 STREET ADDRESS 10204 Sugar Creek Terrace  
1.4 CITY-ST-ZIP Pensacola, FL 32514

2.1 TITLE D-V-T-S ☐ Change ☒ Addition  
2.2 NAME CARVER, TERESA  
2.3 STREET ADDRESS 10204 Sugar Creek Terrace  
2.4 CITY-ST-ZIP Pensacola, FL 32514

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Phillips, Joanne  
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wayne A. Carver*

*TERESA A. CARVER*

4/22/96 (904) 484-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)