

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000013087 (7)

1. Corporation Name

PHYSICIAN SUPPORT SERVICES, INC.

Principal Place of Business

851 5TH AVE N
NAPLES FL 33940

Mailing Address

851 5TH AVE N
NAPLES FL 34102-5582

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROWN, THOMAS R
2660 AIRPORT RD S
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/08/1996

3a. Date of Last Report

4. FEI Number

65-0640746

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0532 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
SD	Cox, Joe B.	3001 Tamiami Tr. No.	Naples, FL	PD	Crone, William G.	350 7th Street No.	Naples, FL
TD	Morton, Edward A.	350 7th Street No.	Naples, FL	CD	Howard, Hubert E.	350 7th Street No.	Naples, FL
AS	Pobletts, Cynthia	350 7th Street No.	Naples, FL	D	Gamble, Delores	350 7th Street No.	Naples, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		

14. I do 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 or changed, or on an attachment, with an address.

SIGNATURE:

Edward A. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97.

Date

Daytime Phone

CR2E034 (9/96)

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Additional Board Members

Physician Support Services, Inc.

Richard C. Myers
Director
350 7th Street No.
Naples, FL

Ernest R. Preston, Jr.
Director
350 7th Street No.
Naples, FL

Dolph von Arx
Director
4351 Gulfshore Blvd. No.
Naples, FL

William R. Snapp
Director
350 7th Street No.
Naples, FL