

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

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

851 5TH AVE N
NAPLES FL 33940

851 5TH AVE N
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

65-0640746

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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
2860 AIRPORT RD S
NAPLES FL 33962

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

SD
NAME COX, JOE B
STREET ADDRESS 3001 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

PD
NAME CRONE, WILLIAM G
STREET ADDRESS 350 7TH STREET N
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

TD
NAME MORTON, EDWARD A
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

CD
NAME HOWARD, HUBERT E
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

AS
NAME POBLETTS, CYNTHIA
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

D
NAME GAMBLE, DELORES
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

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

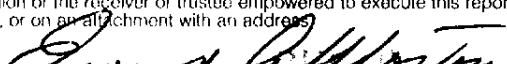
6.2 NAME

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.

SIGNATURE



4.15.98

941 4131-5100

CR2E034 (10/97)