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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000031828 (2) DOCUMENT # 1. Corporation Name

SOUTHERN MEDICAL SERVICES, CORP.

FILED Mar 31 1998 8:00am Secretary of State



									4
Principal Place of Business Mailing Address							I ve iri vaiva (ri	UP LEW DI THER	# 1(0#) (011 1 081
3300 NORTH 29TH AVENUE #103 3300 NORTH 29TH AVENUE #103									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifie			
						04/11/1996			
	Place of Business	2a. Mailing Address				4. FEI Number		····	Applied For
21		26				65-0657650 Not Applicab			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.7	5 Additional
22 27						5. Certificate of States Desired		Fee	Required
City & Stat	City & State	ate			6. Election Campaign Financing			00 May Be	
23	Country	28	Zip Country			Trust Fund Contribution			ed to Fees
Zip 24	25	Zip	30	ury		8. This corporation owes or has	paid the cu	rent year Yes	Intangible No
24]	9. Name and Address of Curren		30]			Personal Property Tax due Ju 10. Name and Address of New			£ 140
RE	RGER, CARLOS H		 	81	Name			-190111	
3300 NORTH 29TH AVENUE #103						(B. C.			
	OLLYWOOD FL 33020		82 Street Ad			ess (P.O. Box Number is Not Accep	(able)	•	
			Ī	83					
					A11			11-	
			ľ	84	City	•	FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	s, the ab	ove-i	named corpo	oration submits this statement for the	purpose o	changing	g its registered
oπice or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was a ations of, Section 607.0505, Flo	utnorized rida Statu	ites.	ine corporation	on a board of directors. I hereby acc	ept the app	ontment	as registered
SIGNATURE									
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Regi					signature require	d when reinstating)	DATE		
12.	OFFICERS AN					ADDITIONS/CHANGES TO OF	ICERS AND		
TITLE	BERGER, CARLOS H	C) DECEIG	1.1 TiTi					Chang	ion)ipor 🔲 s,
NAME	1305 FUNSTON ST.		1.2 NA						
STREET ADDRESS		HOLLMHOOD PLANNIN			DDRESS				}
CITY-ST-ZIP	TD	DELETE	1.4 CiT 2.1 TiTI	_	ZIP			Chang	ne Addition
NAME	BERGER, BARBARA E	22							
STREET ADDRESS	1305 FUNSTON ST.			2.3 STREET ADDRESS					ľ
CITY-ST-ZIP	HOLLYWOOD FL 33019		2. 4 CIT						
TITLE	100		3.1 TITL			· · · · · · · · · · · · · · · · · · ·		☐ Chang	e Addition
NAME	ALLOGO MATHY A		3.2 NA	3.2 NAME				_	
STREET ADDRESS			3.3 STREET ADDRESS		odress				
CITY-\$T-ZIP			3.4. CIT	Y-ST	-ZIP]				
TITLÉ		DELETE	4.1 TITE	LE .				Chang	e Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET AL	DDAESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		DELETE	5.1 TITU	LE		<u> </u>		☐ Chang	e 🔲 Addition
NAME			5.2 NA	ME					}
STREET ADDRESS			5.3 STR	EET AL	DDRESS				
CITY - ST - ZIP			5.4 CIT		ZIP	······································			
TITLE		DELETE	6.1 T(T)		1			Chang	e 🔲 Addition
NAME			6.2 NAM						ļ
STREET ADDRESS					DORESS				ļ
CITY-ST-ZIP			6.4 CIT	Y-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 charges, or on an attachment with an address.