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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036746 (1)

1. Corporation Name  
EHS MANAGEMENT SERVICES, INC.

Principal Place of Business

452 HOLLYWOOD MALL  
#283  
HOLLYWOOD FL 33021

Mailing Address

452 HOLLYWOOD MALL  
#283  
HOLLYWOOD FL 33021-6832

3. Date Incorporated or Qualified  
04/26/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 938 JOSHUA DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 938 JOSHUA DRIVE  
Suite, Apt. #, etc.

4. FEI Number

65-0667596

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

City & State

CHIPLEY, FL

City & State

CHIPLEY, FL

Zip

32428

Country

Washington

Zip

32428

Country

Washington

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

BLOOM, MICHAEL S ESQ.  
901 N.E. 125TH STREET  
NORTH MIAMI FL 33181

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

(Signatures, 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  
NAME DONIVAN, BRIAN J  
STREET ADDRESS 2835 HAYES STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DONIVAN, BRIAN J  
1.3 STREET ADDRESS 938 JOSHUA DRIVE  
1.4 CITY-ST-ZIP CHIPLEY, FL 32428

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

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 if changed, or on an attachment with an address.

SIGNATURE:

Brian J Donivan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRIAN J DONIVAN

04-17-97

Date

(904) 638-2105

Daytime Phone #

0120583

CP2E034 (9/96)