

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

FILED
Jan 23 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 # P96000041713 (4)
1. Corporation Name
PRACTICAL HEALTHCARE SOLUTIONS OF FLORIDA, INC.



Principal Place of Business
3735 NEPTUNE STREET
TAMPA FL 33629
5444 Bay Center Drive H200
Tampa FL

Mailing Address
3735 NEPTUNE STREET
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5444 Bay Center Drive
Suite, Apt. #, etc.
22 Ste. 200
City & State
23 Tampa FL
Zip
24 33609
Country
25 U.S.A.
26 1222 S. Dale Mabry
Suite, Apt. #, etc.
27 Ste 618
City & State
28 Tampa FL
Zip
29 33629
Country
30 U.S.A.

3. Date Incorporated or Qualified
05/15/1996
4. FEI Number
59-3378383
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VENABLE, R. STEPHEN M.D.
3735 NEPTUNE STREET
TAMPA FL 33629
1222 S. Dale Mabry
Ste 618

10. Name and Address of New Registered Agent

81 Name
R. S. Venable
82 Street Address (P.O. Box Number is Not Acceptable)
1222 S. Dale Mabry
83 Ste 618
84 City
Tampa FL
85 Zip Code
33629

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
NAME
STREET ADDRESS
CITY-ST-ZIP
1 Chairman of Board
VENABLE, R S M.D.
3735 NEPTUNE ST.
TAMPA FL 33609
2 President
PHILLIPS, MICHAEL
2300 PARK PLACE BLVD., #114
STONE MOUNTAIN GA 30087
3 CFO
PHILLIPS, RON
2300 PARK PLACE BLVD., #114
STONE MOUNTAIN GA 30087
4 Chief Operating Officer
Logan JOHNS
5444 Bay Center Drive H200
Tampa, FL 33609
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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

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

Signature

1/8/98

873-636-811

CR2E034 (10/97)