

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

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90001 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041713

1. Corporation Name

PRACTICAL HEALTHCARE SOLUTIONS OF FLORIDA, INC.

Principal Place of Business

5444 BAY CTR DR  
#200  
TAMPA FL 33609  
US

Mailing Address

1222 S DALE MABRY  
STE 618  
TAMPA FL 33629  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

59-3378383

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 5444 Bay Ctr. Dr.

Suite, Apt. #, etc.

22 Ste 204

23 City & State

Tampa FL

24 Zip

33609

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

VENABLE, R. STEPHEN M.D.  
1222 S DALE MABRY  
STE 618  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

A. S. WICKLEY, JR. / HALLANDER / KNIGHT

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

83 S. O. VANDENBROOK DR. STE 3005

84 City

BRANDON

FL

85 Zip Code

33511

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 *R. Venable*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-17-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VENABLE, R S M.D.

STREET ADDRESS 1222 S DALE MABRY STE 618

CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ DELETE

NAME PHILLIPS, MICHAEL

STREET ADDRESS 2300 PARK PLACE BLVD., #114

CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE ☒ DELETE

NAME PHILLIPS, RON

STREET ADDRESS 2300 PARK PLACE BLVD., #114

CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE ☒ DELETE

NAME LOEPER, JOANNE

STREET ADDRESS 5444 BAY CENTER DR #200

CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME President

STREET ADDRESS Joe Giles

CITY-ST-ZIP

TITLE ☐ DELETE

NAME Paul Sullivan / Secy

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME President

1.3 STREET ADDRESS Joe Giles

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Secy

2.3 STREET ADDRESS Paul Sullivan

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Director

3.3 STREET ADDRESS Allan Parrish

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)