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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000045889 (8)

## FILED May 14 1997 8:00am Secretary of State

ST. AUGUSTINE MEDICAL SERVICES, INC.  Principal Place of Business Mailing Address  4651 SALISBURY ROAD #155 JACKSONVILLE FL 32256  AMDICAL SERVICES, INC.  Mailing Address  4651 SALISBURY ROAD #155 JACKSONVILLE FL 32256					
				3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report
6 Principal Pl	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		59-3397505	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Dr.	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
:х Zip	Country	Zíp	Country	8. This corporation has liability for i	
	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	glatered Agent
	vis, Brett j		81 Name		
	1 SALISBURY ROAD #155		82 Street Add	Iress (P.O. Box Number is Not Acceptate	ole)
JAC	KSONVILLE FL 32256		ļ		
			83		
			84 City		85 Zip Code
	007	7		poration submits this statement for the pation's board of directors. I hereby accept	
1511171151	// !!				
			TE: Registered Agent signature requ		DATE ERS AND DIRECTORS IN 12
2.	D OFFICERS AN	ent and life if applicable (NO NO DIRECTORS		ired when reinstating)	ERS AND DIRECTORS IN 12
<b>2.</b>	D LEWIS, BRETT J	ID DIRECTORS	13.	ired when reinstating)	ERS AND DIRECTORS IN 12
LF ME	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	ID DIRECTORS	13. 11 TITLE	ired when reinstating)	CERS AND DIRECTORS IN 12
LE LE ME SEET ADDRESS	D LEWIS, BRETT J	ID DIRECTORS  DELETE	13. 11 TITLE 12 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12  Change Additi
LE LE ME MET ADDRESS IY \$1-749	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	ID DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ired when reinstating)	CERS AND DIRECTORS IN 12  Change Addition
LE LE ME 9EET ADDRESS LY \$1-246 LE	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	ID DIRECTORS  DELETE	13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  22 NAME	ired when reinstating)	CERS AND DIRECTORS IN 12  Change Addition
LE LE ME 9EET ADDRESS LY \$1-246 LE	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	ID DIRECTORS  DELETE	13.  11 TIFLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TIFLE  22 NAME  2.3 STREET ADDRESS	ired when reinstating)	CERS AND DIRECTORS IN 12  Change Additi
E.  ME  SET ADDRESS  IY ST-ZAP  UI  ME  ME  ME  ME  IX ST-ZAP  UI  IX ST-ZAP	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY - SI - ZIP	ired when reinstating)	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
Z.  SLE  MME  SPECIADORESS  TY ST-ZAP  TUE  SME  SME  SME  SME  TY ST-ZAP  TUE  TUE  SME  TY ST-ZAP	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	ID DIRECTORS  DELETE	13.  11 TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ired when reinstating)	CHA'S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
2.  JEF  MME  JHEET ADDRESS  TY ST-ZJE  TLE  AME  HIEFT ADDRESS  TY-ST-ZJE  LLE  AME  AME  AME	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 32 NAME	ired when reinstating)	CHAND DIRECTORS IN 12 Change Addition Change Addition Change Addition
2.  THE MME  HEET ADDRESS  TY ST-ZIP  THE MME  HEET ADDRESS  TY ST-ZIP  THE MME  HEET ADDRESS	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ired when reinstating)	CHA'S AND DIRECTORS IN 12 Change Addition Change Addition
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2.  JUF  MME  JUFET ADDRESS  JUFET ADDRESS  TUFET ADDRESS	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ired when reinstating)	Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change
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C.  THE TADDRESS  TY ST-ZEP  THE TADDRESS	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  22 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	ired when reinstating)	Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change
2.  JUF  MME  HHE LADORESS  TY ST-ZAF  HUE  AME  HHE LADORESS  TY ST-ZAF  LUE  AMY  HHE LADORESS  LY ST-ZAF  HUE  AMA  HHE LADORESS  LY ST-ZAF  HUE  AMA  HE LADORESS  LUE  AMA  HE LADORESS  LUE  LUE  LUE  LUE  LUE  LUE  LUE	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  22 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	ired when reinstating)	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition
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2.  OUF  AME  INSTAUR STARP  OUF STARP	D LEWIS, BRETT J 4851 SALISBURY ROAD #15	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  32 NAME  3.3 STREET ADDRESS  34. 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  6.1 TITLE  6.1 TITLE  6.2 NAME	ired when reinstating)	Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition
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4. I do receive certify that the information supplied with this filling 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, the lank an officer or cliractor of the corporation or the receiver or truetee and towered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 Go

(904) 296 - 9442 Dayline Phone #

004007