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 # P96000063443 (1)

TRANSAMERICA MEDICAL SERVICES, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business 387 WILLOW GREEN DRIVE		Mailing Address 387 WILLOW GRE	A DRIVE	(1241,041 110 12115 2111 2511 24(1) 4((154/1961, tre 15/19 24/14 55/14 95/14 93/18 51/19 11/14 8/6/1 \$1004 4/14 199)		
ORANGE PARK		ORANGE PARK FL					
				3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last	Report	
2. Principal Pla	ace of Business	2a. Mailing Addre	SS)	4. FEI Number		Applied For	
21		26		159-3409863	·	Not Applicable	
Suite. Apt. #	f, etc	Suite, Apt. #, e	etc.	5. Certificate of Status Desired	□ \$8. 7 5	Additional	
22		27			F-00	Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Ζιρ	Country	Zip	Cou	8. This corporation has liability fo		·····	
24	25	29	30	Florida Statutes	Yes No	0. 100,002,	
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New R	egistered Agent		
6044	MBERLIN, G R SE AGNEW ROAD EVIEW FL 34421-3370		Name 2 Street 3 3	Address (P.O. Box Number is Not Accepta	Drive	ρ Code	
office or re	enistered agent, or both, in the !	State of Florida, Such chanc	ie was authorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing ept the appointment	its registered as registered	
agent Fan SIGNATURE	it familiar with, and accept the o	.Rancy	505, Florida Statutes, (NOTE: Registered Agent signature	e required when reinstating!	5/3/97		
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12	
TITLE	D	☐ D£L	ETE 1.1 TITLE		☐ Changi	Addition	
NAME	BANKS, MICHELLE C		1.2 NAME				
STREET ADDRESS	387 WILLOW GREEN DRIV	Æ	1.3 STREET ADDRESS				
Crity StZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	'			
THLE	D	☐ DEŁ	ETE 2.1 TITLE		Changi	Additio	
NAME:	COUEY, CLIFFORD M		2.2 NAME				
SI'REET ADDRESS	1244 US 441		2.3 STREET ADDRESS	į			
City-St-ZP	BELLEVIEW FL 34420		2 4 CITY - ST - ZIP			4 4 4 9 1	
TUTES		E D€t			Chang	e L. Additio	
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
Oliv SI-712 Tiful		DEC	3.4. CITY-ST-ZIP ETE 4.1 TITLE		Chang	e Additio	
NAME		Erad DL	4.2 NAME		and class	- Li roulle	
i			4. 2 NAME 4.3 STREET ADDRESS	1			
SHEET ADORESS City - St - ZiP			4.4 CITY-SI-ZIP				
TOLE		DEI			☐ Chang	e 🔲 Additio	
NAME			5.2 NAME				
STATET ADDRESS			5.3 STREET ADDRESS	1			
E-Tr-S1-ZiP			5.4 CITY-ST-ZIP				
Inte		DEC			☐ Chang	e Additio	
N/ME			6.2 NAME		*****		
STREET ADDRESS			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				
City-St-Zif				stated in Section 440 07/3Vi). Florida Ptati	ton I further contifuth		

I. 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 suppliendental 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 officeror of fifthe 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 AND TYPED OR PRINTED GIAMAGE SIGNING OFFICER OR DIRECT

Daytime Phone