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

**PROFIT** CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068661 (3)

EVIDENTIAL MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 14 1997 8:00am Secretary of State



FT. MYERS FL 99919		FT. MYERS FL 33919-4827					
					3. Date Incorporated or Qualified 08/19/1996	3a. Date of List R	leport
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number	/ / [ ]AI	oplied for
21 1919 COURTNEYUR 26 MA				a	65-06/1545		ot Applicable
Suite Apt. #, etc. Suite Apt. #, etc. 27 Am			e		5. Certificate of Status Desired See Required Fee Required		, ,
Cify & Stat	MYERS, FL	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	May Be to Fees
24 339	20/ 25 Lee	7ip 29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer				10. Name and Address of New Reg		
	IFER, HARVEY E		81	Name			
9131 COLLEGE PKWY., #13B				82 Street Address (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33919							
			83	1			
·			84	City		FL 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Sta	tules, the above	e-named cor	poration submits this statement for the pulion's board of directors. I hereby accep	rpose of changing It	is registered
agent. I a	im familiar with, and accept the only	ation of Section 607 0605	Florida Stalute	A Wall	mon's board of directors, Friendby accep	ine appointment as	registered
SIGNATURE	Harrenton	fer Kosi	7 /	1 CAR.	ired when reinstating)	8/9/	
12,	OFFICE RS AN	ni and title if approcable. (N D DIRECTORS	13.	ioni sigueto e requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3S IN 12
TITLE	D	DECETE	1.1 TITLE			☐ Change	Addition
NAME	CONFER, HARVEY E		1.2 NAME				
STREET ADDRESS	1719 SANDY CIR.		1,3 STREE	1 ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904-9797		1.4 C(1)Y-	\$1-218			
TITLE	D LANGT H	DELETE	2.1 TITLE	1		L] Change	Addition
NAME	CONFER, JANET M 1719 SANDY CIR.		2.2 NAME	1			Ì
STREET ADDRESS	CAPE CORAL FL 33904-9797			1 Andress			
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STREET ADDRESS	· ·		1	1 ADDRESS			[
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NAME			5.2 NAME				-
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		TT DELETE	5.4 DITY- 6.1 TITLE	S1-7IP		Change	Addition
NAME		L. Dettile	G.2 NAME	}		E_T Onlings	- Montion
STREET ADDRESS				1 ADDRESS			-
CITY-ST-ZIP			64 CAY-	į			ļ
	tu cortify that the information supplies	dually this filing does not as	aldy for the ove		d in Continu 110 07/3/6) Florida Ctatutas	I forther next to the	(b

The words coming that the information supplied with this limit does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this enhugi report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the oriporation or the piccipit 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 it changed in the piccipit or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name