

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000071168 (4)

1. Corporation Name  
PROFESSIONAL SOLUTIONS OF FLORIDA, INC.

Principal Place of Business

3715 7TH TERRACE  
SUITE B  
VERO BEACH FL 32960

Mailing Address

3715 7TH TERRACE  
SUITE B  
VERO BEACH FL 32960-6571

3. Date Incorporated or Qualified

08/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 3770 7th Terrace

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, FL

Zip

24 32960

Country

25 USA

2a. Mailing Address

26 3770 7th Terrace

Suite, Apt. #, etc.

27

City & State

28 Vero Beach, FL

Zip

29 32960

Country

30 USA

4. FEI Number

65-0676497

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HATCH, IRA C  
1701 A-1-A  
SUITE 220  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 P  
NAME Micheal Murphy  
STREET ADDRESS 4900 Newport Island Drive  
CITY-ST-ZIP Vero Beach, FL 32967

☐ DELETE

TITLE VP  
NAME John F. Swanson  
STREET ADDRESS 4857 Newport Island Drive  
CITY-ST-ZIP Vero Beach, FL 32967

☐ DELETE

TITLE VP  
NAME Robert Harris  
STREET ADDRESS 3150 Cardinal Drive Suite 200  
CITY-ST-ZIP Vero Beach, FL 32963

☐ DELETE

TITLE ST  
NAME Janice Woerth  
STREET ADDRESS 5360 E. Harbor Village Drive  
CITY-ST-ZIP Vero Beach, FL 32967

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97 (561)778-1990

Date

Daytime Phone #

CR2E034 (9/96)