## SECOND NOTICE: CORPORATI<del>ON WILL B</del>E DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT (ME ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

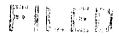
## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000074220 (0)

ALL MEDICAL SERVICES, INC.



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SEGRETALLY OF STATE TALLAHASSEE FLORIDA



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						3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
2. Principal Plac	ce of Business	11/1/11	2a. Mailing Address	01	0 /	4. FEI Number	Applied F
NP.O	BOX	11647	26 1 6965		ma Road	159-339215	Not Applie
7/Suite, Apt. #,	i, etc.		Suite, Apt. #, etc	<b>)</b> .		5. Certificate of Status Desired	\$8.75 Addition
City & State	Sonville	o. Fr.	City & State 28 JackSon	ville	, Fl.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Ed
Zip	Cou	intry	Zip	1770	Country	8. This corporation owes or has pai	
Zip 3223	34 25 L	UVa [	29 32211	30	DYVE	Personal Property Tax due June	30. ☐ Yes ☐ No×
	9. Name and Ad	dress of Current	Registered Agent		lad w	10. Name and Address of New Reg	istered Agent
	TH, LESIA A	<b>∳</b>			81 Name		
	CESERY BLVD.				82 Street Add	fress (P.O. Box Number is Not Acceptab	e)
はつ JACK	KSONVILLE FL 3	2211	1 . 1	,	83		······································
Trer t	-elephone	Convers	ation, due	70			
hange	of addi	ness Ans	t notice u	ijas;	84 City		FL 85 Zip Code
10 Pursuant to	the provisions of S	Sections 607.0502	and 607 1508 Florida 9	Statutes ti	no above-named cor	poration submits this statement for the D	
office or rec	gistered agent, or b	ooth, in the State o	f Florida. Such change	was autho	orized by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointment as register
1.1	namiliar with, and a	accept the onligat	ons or, section 607.050	o, Florida	Statutes.	7	-30-9-
SIGNATURE SI	Ignature, typed or printed in	name of registered agent	and title if applicable	(NOTE: Rog	istered Agent signature requ	ired when reinstating)	DATE
2.	1	OFFICERS AND			13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
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