

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90119 047 \*\*\*150.00

DOCUMENT # P96000074220

1. Corporation Name

ALL MEDICAL SERVICES, INC.

Principal Place of Business

6965 ALANA RD  
JACKSONVILLE FL 32211  
US

Mailing Address

P.O. BOX 11647  
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3399215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2270 ATLANTIC BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 ALL MEDICAL SERVICES, INC

Suite, Apt. #, etc.

27 2270 ATLANTIC BLVD.

City & State

23 JACKSONVILLE, FL

Zip

Country

24 32207 25 DUVAL

City & State

28 JACKSONVILLE, FL

Zip

Country

29 32207 30 DUVAL

9. Name and Address of Current Registered Agent

SMITH, LESIA A  
6965 ALANA RD  
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

LESIA A. OWENSBY

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

2270 ATLANTIC BLVD.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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

*Lesia A. Owensby*

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 0  
NAME SMITH, LESIA A  
STREET ADDRESS 6965 ALANA ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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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 PRESIDENT

OWENSBY, LESIA A.

1.3 STREET ADDRESS 2270 ATLANTIC BLVD.

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

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 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, with all other like empowered.

SIGNATURE

*Lesia A. Owensby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 398-5050

CR2E034 (1/1/98)

0006496