

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

FILED
Jun 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000078621 (5)
1. Corporation Name
ENTRUSTED HEALTH MANAGEMENT SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 1111 NORTH WESTSHORE BLVD., SUITE 608 TAMPA FL 33607-4702 | Mailing Address 1111 NORTH WESTSHORE BLVD., SUITE 608 TAMPA FL 33607-4702 |
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|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/20/1996 | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3404489 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent CUSACK, JAMES J 100 NORTH TAMPA STREET, SUITE 1300 TAMPA FL 33602-5163 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| | | | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AGLIANO, DENNIS S MD | 1.2 NAME | WILLIAMS, W. C. III, MD |
| STREET ADDRESS | 4000 NORTH HABANA #23 | 1.3 STREET ADDRESS | 4435 Water Front Drive, Suite #101 |
| CITY-ST-ZIP | TAMPA FL 33614 | 1.4 CITY-ST-ZIP | Glen Allen, VA 23060 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | BARNES, R. JOYCE PH. D. | 2.2 NAME | |
| STREET ADDRESS | 1221 WEST COLONIAL DRIVE SUITE 201 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | CUSACK, JAMES J Esq. | 3.2 NAME | |
| STREET ADDRESS | 501 EAST KENNEDY BLVD. SUITE 1200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33602 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | TRAPP, RICHARD G | 4.2 NAME | |
| STREET ADDRESS | 8425 VALERIE LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL 33614 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | VENABLE, R. STEPHEN MD | 5.2 NAME | |
| STREET ADDRESS | 1222 SOUTH DALE MABRY #817 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33629 | 5.4 CITY-ST-ZIP | |
| TITLE | Director <input checked="" type="checkbox"/> Addition | 6.1 TITLE | |
| NAME | ROBERTS, Richard J. MD | 6.2 NAME | |
| STREET ADDRESS | 200 Central Ave., Berns Ft Tower, Suite 2210 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | St. Petersburg, FL 33701 | 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 _____ (10/2) 281-5665

CR2E034 (9/96)