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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **P96000078621 (5)**

1. Corporation Name
**ENTRUSTED HEALTH MANAGEMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 NORTH WESTSHORE BLVD.. SUITE 603 TAMPA FL 33607-4796 | 1111 NORTH WESTSHORE BLVD.. SUITE 603 TAMPA FL 33607-4796 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, ~~Apt. #, etc.~~ 22: 603 | Suite, ~~Apt. #, etc.~~ 27: 603 |
| City & State 23 | City & State 28 |
| Zip 24: 33607-4796 Country 25 | Zip 29: 33607-4796 Country 30 |

3. Date Incorporated or Qualified: 09/20/1996

4. FEI Number: 59-3404489 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

CUSACK, JAMES J
~~100 NORTH TAMPA STREET, SUITE 1300~~
~~TAMPA FL 33602-5183~~

**10. Name and Address of New Registered Agent**

81 Name: CUSACK, James J.
82 Street Address (P.O. Box Number is Not Acceptable): One Mack Center, 501 E. Kennedy, Suite 1200
83
84 City: Tampa FL 85 Zip Code: 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | AGLIANO, DENNIS S MD | 1.2 NAME | |
| STREET ADDRESS | 4600 NORTH HABANA #23 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33614 | 1.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARNES, R. JOYCE PH. D. 634 Ramona Lane | 2.2 NAME | |
| STREET ADDRESS | ~~1221 WEST COLONIAL DRIVE SUITE 201~~ | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL ~~32804~~ 32805 | 2.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| 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 | 3.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRAPP, RICHARD G | 4.2 NAME | |
| STREET ADDRESS | 8425 VALERIE LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL ~~33614~~ 33569-5287 | 4.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROMEIS, RICHARD J MD | 5.2 NAME | |
| STREET ADDRESS | 200 CENTRAL AVE., BARNETTE TOWER, STE 2210 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | 5.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAMS, W C III MD 1100 Cedar Forest Court | 6.2 NAME | |
| STREET ADDRESS | ~~4435 WATERFRONT DRIVE, SUITE 210~~ | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GLEN ALLEN VA 23060 | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

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.

SIGNATURE: Richard B. Trapp 4/17/98 (813) 281-5665