

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

PROFIT
CORPORATION
ANNUAL REPORT

2000



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

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90018 018 ***150.00

DOCUMENT # P96000078621

1. Corporation Name

ENTRUSTED HEALTH MANAGEMENT SERVICES, INC.

Principal Place of Business

1111 NORTH WESTSHORE BLVD., SUITE 608
STE 603
TAMPA FL 33607
US

Mailing Address

1111 NORTH WESTSHORE BLVD., SUITE 608
STE 603
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CUSACK, J
ONE MAST CENTER, 501 E KENNEDY
STE 1200
TAMPA FL 33602

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	AGLIANO, DENNIS S MD	4600 NORTH HABANA #23	TAMPA FL 33614
D	BARNES, R. JOYCE PH. D.	634 RAMONA LN	ORLANDO FL 32805
D	CUSACK, JAMES J ESQ	501 EAST KENNEDY BLVD. SUITE 1200	TAMPA FL
D	TRAPP, RICHARD G	8425 VALERIE LANE	RIVERVIEW FL 33564
D	WILLIAMS, W C III MD	1100 CEDAR FORREST COURT	GLEN ALLEN VA 23060
D			

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
D/V	AGLIANO, Dennis S. MD		
D/V	BARNES, R. JOYCE PH.D.		
D/V	CUSACK, JAMES J. ESQ	501 EAST KENNEDY BLVD, SUITE 12.	TAMPA, FL 33602
C/P	TRAPP, Richard G.	8425 VALERIE LANE	RIVERVIEW, FL 33569-5287

AGLIANO, Dennis S. MD

BARNES, R. JOYCE PH.D.

CUSACK, JAMES J. ESQ
501 EAST KENNEDY BLVD, SUITE 12.
TAMPA, FL 33602

TRAPP, Richard G.
8425 VALERIE LANE
RIVERVIEW, FL 33569-5287

Mc WHIRTER, CAMILLEA
9481 Highland Oaks Drive, Suite 307
TAMPA, FL 33647

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:

Richard C. Trapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

048

Daytime Phone #

(813) 281-5665