


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

FILED

**Apr 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086444 (2)
 1. Corporation Name
PROFESSIONAL MEDICAL SUPPORT, INC.



Principal Place of Business 8400 BAYMEADOWS ROAD #3 JACKSONVILLE FL 32256	Mailing Address 8400 BAYMEADOWS ROAD #3 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7400 Baymeadows Way Suite, Apt. #, etc. 22 Suite 315 City & State 23 Jacksonville, FL Zip 24 32256 Country 25 USA	2a. Mailing Address 26 7400 Baymeadows Way Suite, Apt. #, etc. 27 Suite 315 City & State 28 Jacksonville, FL Zip 29 32256 Country 30 USA
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3. Date Incorporated or Qualified 10/16/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3406894	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE #105 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name Nancy Davis-Prochniak 82 Street Address (P.O. Box Number is Not Acceptable) 7400 Baymeadows Way, Suite 315 83 84 City Jacksonville FL 85 Zip Code 32256
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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 *Nancy Davis-Prochniak*
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 checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TROWBRIDGE, KEITH		1.2 NAME Nancy Davis-Prochniak	
STREET ADDRESS 8400 BAYMEADOWS ROAD #3		1.3 STREET ADDRESS 7400 Baymeadows Way, Suite 315	
CITY-ST-ZIP JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP Jacksonville, FL 32256	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Keith Trowbridge* 3/31/98

CP2E034 (10/97)