


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90142 018 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000000958**

1. Corporation Name  
**AAA MEDICAL SERVICES, INC.**



Principal Place of Business <b>108 W SENECA STE 60 TAMPA FL 33612 US</b>	Mailing Address <b>3959 VAN DYKE RD. STE. 228 LUTZ FL 33549 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>12/30/1996</b>	4. FEI Number <b>59-3422188</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GOSSELIN, D 2719 HUNT RD LAND O LAKES FL 34639</b>	10. Name and Address of New Registered Agent 81 Name <b>GOSSELIN, D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1716 COQUI COURT</b> 83 84 City <b>ODESSA, FL.</b> FL 85 Zip Code <b>33556</b>
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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 Debi Gosselin **PRESIDENT**  
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 <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOSSELIN, D</b>		1.2 NAME <b>GOSSELIN, DEBI</b>	
STREET ADDRESS <b>2719 HUNT RD</b>		1.3 STREET ADDRESS <b>1716 COQUI COURT</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>		1.4 CITY-ST-ZIP <b>ODESSA, FL. 33556</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOSSELIN, G</b>		2.2 NAME <b>SPURLOCK, NICHOLAS</b>	
STREET ADDRESS <b>2719 HUNT RD</b>		2.3 STREET ADDRESS <b>1716 COQUI COURT</b>	
CITY-ST-ZIP <b>LAND O LAKES FL 34639</b>		2.4 CITY-ST-ZIP <b>ODESSA, FL. 33556</b>	
TITLE <b>TS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPURLOCK, NICHOLAS</b>		3.2 NAME <b>SPURLOCK, NICHOLAS</b>	
STREET ADDRESS <b>2719 HUNT RD</b>		3.3 STREET ADDRESS <b>1716 COQUI COURT</b>	
CITY-ST-ZIP <b>LAND O LAKES L 34639</b>		3.4 CITY-ST-ZIP <b>ODESSA, FL. 33556</b>	
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, with all other like empowered.

SIGNATURE: Debi Gosselin **PRESIDENT** DEBI GOSSELIN 2/25/99 83-948-2988  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)