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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000055019 (8)

CITY MEDICAL SERVICES, INC.

Principal	Place of	Business

## **FILED** May 01 1998 8:00am Secretary of State



					!		
	D AVE STE. #D107	4720 N.W. 2 ND AVE., ST	E. #D107				
BOCA RATON	FL 33432	BOCA RATON FL 33432			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified		
					06/20/1997		
2. Principal Pi	ace of Business	2a. Mailing Address		··· · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
<del>.</del> ∃ '		26	<del></del>		65-0761215	}	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·· +				Additional
]		27			5. Certificate of Status Desired	,	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
		26			Trust Fund Contribution		d to Fees
Ĉ Zip ¬	Country	Zip	Country	<b>y</b>	8. This corporation owes or has paid the o		
<u> </u>	25	[29]	30		Personal Property Tax due June 30.	Yes	<b>∠</b> No
	9. Name and Address of Curr	rent Hegistered Agent	81	Mana	10. Name and Address of New Registere	d Agent	<del>.</del>
	ACE, RONALD		61	Name			
	) N.W. 2 ND AVE., STE. #D10	07	82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33432		83	<del></del>			
			83				
			84	City	F	85 Zij	o C <b>od</b> e
11 Durranget to	o the provisions of Sections 607.0	LO2 and CO7 1EO9 Florida Statut	the obou		poration submits this statement for the purpose		alter and alterior
office or re	o <b>giste</b> red agent, or both, in the Sta	ite of Florida. Such change was a	iuthorized b	v the corporal	tion's board of directors. I hereby accept the a	or changing ppointment a	its registered as registered
agent. I ar	n familiar with, and accept the obt	ligations of, Section 607.0505, Flo	rida Statute	S.			
SIGNATURE ,	Bignature, typed or printed name of registered a						
			<ul> <li>Registered An</li> </ul>	ent sinnature requi	red when reinstation) DATE		
		AND DIRECTORS		ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
2.			13.	ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	
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