

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90004 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000058890

1. Corporation Name
COMPHEALTH SYSTEMS, INC.



Principal Place of Business
402 S. CENTRAL AVE.
OVIEDO FL 32765

Mailing Address
402 S. CENTRAL AVE.
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3482050

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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE
201 W. CANTON AVE., STE. 250
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name HEINKEL, R. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)
SOUTH TRUST BANK BUILDING

83 135 W. CENTRAL BLVD. SUITE 220

84 City ORLANDO

85 Zip Code FL 32801

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 D ☐ DELETE

NAME WARBLE, RONALD D

STREET ADDRESS 402 S. CENTRAL AVE.

CITY-ST-ZIP OVIEDO FL 32765

TITLE P ☒ DELETE

NAME MASTERS, MICHAEL

STREET ADDRESS 2907 BAY TO BAY BLVD. STE. 102

CITY-ST-ZIP TAMPA FL 33629

TITLE VPST ☐ DELETE

NAME LELAND, WAYNE

STREET ADDRESS 3040 TEMPLE TRAIL

CITY-ST-ZIP WINTER PARK FL 32789

TITLE VP ☒ DELETE

NAME PHIPPS, JOHN

STREET ADDRESS 3040 GULF TO BAY BLVD.

CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 140 ALEXANDRIA BLVD, SUITE H

1.4 CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 140 ALEXANDRIA BLVD, SUITE H

3.4 CITY-ST-ZIP OVIEDO, FL 32765

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

W. F. Leland

3/30/99

407-949-31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #