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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

IVISION OF CORPORATIONS

FILED Mar 18 1998 8:00am Secretary of State

DOCUI 1. Corporation	MENT # P9700 MEDICAL SERVICES, INC.	0093186 (9)	RPORATIO	ONS			
Principal Place	e of Business	Mailing Address			4 saastoot tiå tänti tooki Sairi Rolly OTII!	2011 12(94 1115) 11 72 A	FTLO - STEE (121
3520-A N MONROE ST 3520-A N MONROE ST							
Tallahasse	E FL 32303	TALLAHASSEE FL 32303			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
					10/30/1997	•	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	L Ar	plied For
1 26					59-347/838		ot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
City & State	<u> </u>	City & State				Fee Re	
3 _	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip	Country		8. This corporation owes or has paid !		
<u>al</u>	25	2936	o]		Personal Property Tax due June 30	Yes [No
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Regis	tered Agent	
	LBERT, BESSIE T		81	Name			
3520-A N MONROE ST				Street A	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303			<u> </u>				
			83				
			84	City		85 Zip	Code
TT Durant	10 th (07 060	Daniel COZ 1500 Florida Ctatutas	41-0-0-0-0		corporation submits this statement for the purporation's board of directors. I hereby accept the	FL 00 20	
SIGNATURE	Signature, typed or printed name of registered apr	nil and title if applicable (NOTE: R				DATE	
TITLE	PS	DELETÉ	1.1 TITLE			Change	Addition
NAME	GILBERT, BESSIE T		1.2 NAME				
STREET ADDRESS	3520-A N MONROE ST		1.3 STREET	ADDRESS		•	3
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY - S	7-21P			
TITLE	VID	☐ DELETE	2.1 TITLE			☐ Change	Addition
HAME	GILBERT, CECIL		2.2 NAME	-			
STREET ADDRESS	TALLAUACOFF FL 00000		2.3 STREET				
CITY-ST-ZIP	TALLAHASSEE FL 32303	DELETE	2 4 CITY-5	T-ZIP	<u> </u>	Change	Addition
TITLE		L DELETE	3.1 TITLE	ſ		LL CHANGE	
MAANE STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.3 STREET	- 1			
TITLE		☐ DELETE	4.1 TITLE	11.41		Change	Addition
NAME			4. 2 NAME			·	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP				T-21P			
TITLE		☐ DELETE	5.1 TITLE	T		☐ Change	Addition
HAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		☐ DELETÉ	5.4 C/TY-S	T-21P		Change	Addition
TITLE RAME		T DEFEIR	6.1 TITLE 6.2 NAME	1		C) CHEINGE	CT AUGINON
STREET ADDRESS			6.3 STREET	ADOBECC		ت.	
CITY-ST-ZIP			6.3 STREET				
VIII-31-EIF			040111-5	1 - £1F			

4. Thereby 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 informatio 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:

850-5627774