


5-13-98 B- 7256 -C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102672 (7)**

1. Corporation Name  
**ACTION MEDICAL SERVICE OF FLORIDA, INC.**



Principal Place of Business <b>1980 US 1 SOUTH SUITE 59 ST. AUGUSTINE FL 32086</b>	Mailing Address <b>1980 US 1 SOUTH SUITE 59 ST. AUGUSTINE FL 32086</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>25 Village Circle</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>25 Village Circle</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/03/1997</b>	
22 City & State 23 <b>PALM COAST FLORIDA</b> Zip 24 <b>32164</b>		27 City & State 28 <b>PALM COAST FLORIDA</b> Zip 29 <b>32164</b>		4. FEI Number <b>59-348147</b>	
25 <b>USA</b>		30 <b>USA</b>		5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATE, RICHARD A  
1980 US 1 SOUTH SUITE 59  
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

81 Name	<b>RICHARD PATE</b>
82 Street Address (R.O. Box Number is Not Acceptable)	<b>25 VILLAGE CIRCLE</b>
83	
84 City	<b>PALM COAST</b>
85 State	<b>FL</b>
86 Zip Code	<b>32164</b>

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]*

*Chairman of Board of Directors*

*4/3/98*

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>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATE, RICHARD A</b>	1.2 NAME	
STREET ADDRESS	<b>1980 US 1 SOUTH SUITE 59</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	1.4 CITY-ST-ZIP	
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; that 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

*[Signature]*

*Chairman of Board*

*4/3/98*

*867771269*

CP2E034 (10/97)