FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09037** **(0)**

1. Corporation Name

~~QUALITY MEDICAL CONSULTANTS, INC.~~

Impact Healthcare Services, Inc. NC 4-17-96 SG

Principal Place of Business	Mailing Address
5104 NORTH ORANGE BLOSSOM TRAIL SUITE 103 ORLANDO FL 32810	5104 NORTH ORANGE BLOSSOM TRAIL SUITE 103 ORLANDO FL 32810

700001826167
-05/17/96--01018--027
~~*200.00~~

3. Date Business Was Qualified: 10/26/1990
3a. Date of Last Report: 06/09/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): P.O. Box 607756
Suite, Apt. #, etc (27):
City & State (28): Orlando, FL
Zip (29): 32860-7756
Country (30): Orange

4. FEI Number: 59-3034109 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISCHER, JEFFREY A
1616 WHITE DOVE DRIVE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Darwin P Kelly, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): Quality Medical Consultants, Inc
83: 5104 N. Orange Blossom Trail #103
84 City: Orlando FL 85 Zip Code: 32810

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: Darwin P. Kelly, Jr. DATE: April 25, 1996
Signature, typed or printed name of Registered Agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISCHER, JEFFREY 1616 WHITE DOVE DR. WINTER SPRINGS FL	☒ DELETE	11 TITLE (P,C,D) / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/CEO Darwin P. Kelly, Jr. 2418 Tioga Trail Winter Park FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PATE, PAULETTE P 3034 LAMBATH RD. ORLANDO FL	☐ DELETE	21 TITLE (V,S,D) / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Senior Vice President, Corporate Secretary	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZOLOTOR, NORMA D. 2660 MYAKKA DR. ORLANDO FL	☐ DELETE	31 TITLE (V,T,D) / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Senior Vice President Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE V / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Vice President, Controller Pamela A. Nevill 1240 Floral Wall Apopka, FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE D / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Don Blackadar 988 Highway 427 North Longwood, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE D / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D William A. Martin Crown Bank 105 Live Oaks Gardens Casselberry, FL 32707	☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Darwin P. Kelly, Jr. April 25, 1996 407-298-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)