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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S09037 (0)

1. Corporation Name  
IMPACT HEALTHCARE SERVICES, INC.

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

Mailing Address  
P.O. BOX 607756  
ORLANDO FL 32860-7756



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KELLY, DARWIN P JR  
QUALITY MEDICAL CONSULTANTS, INC.  
5104 N. ORLANDO BLOSSOM TRAIL #103  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

IMPACT Healthcare Services Inc  
5104 N. Orange Blossom Trail #103

83 City

FL

85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PC  
DARWIN, KELLY P  
STREET ADDRESS 2418 TIOGA TRAIL  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D  
MARTIN, WILLIAM A  
STREET ADDRESS 105 LIVE OAKS GARDENS  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME SVP  
ZOLOTOR, NORMA D.  
STREET ADDRESS 2660 MYAKKA DR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME V  
NOELL, PAMELA G  
STREET ADDRESS 1240 FLORAL WAY  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME D  
BLACKADAR, DAN  
STREET ADDRESS 988 HIGHWAY 427 N.  
CITY-ST-ZIP LONGWOOD FL

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

1.4 CITY-ST-ZIP

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

3.4 CITY-ST-ZIP

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.

SIGNATURE *Pamela G. Noell* 11/30/98 (4) 698-1290

CR2E034 (10/97)