

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90096 039 ***150.00

DOCUMENT # S09037

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, DARWIN P JR
IMPACT HEALTHCARE SERVICES INC
5104 N ORANGE BLOSSOM TRAIL, #103
ORLANDO FL 32810

81 Name

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

83

84 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 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 PC ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE SVP ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 indicate I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)

0107695