

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JUN -1 AM 11:35	
DOCUMENT # S74853 (0)				
1. Corporation Name PRECISION MEDICAL SERVICES, INC.				
Principal Place of Business 8306 MILLS DR 634 MIAMI FL 33183 US		Mailing Address 8306 MILLS DR 634 MIAMI FL 33183 US		
2. Principal Place of Business 21		2a. Mailing Address 26		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		
City & State 23		City & State 28		
Zip 24		Country 29		
Country 25		Country 30		
9. Name and Address of Current Registered Agent BURGESON, ROBERT P. 8306 MILLS DR., #634 MIAMI FL 33183		10. Name and Address of New Registered Agent 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 <u><i>Robert P. Burgeson</i></u> DATE <u>5/25/95</u> Signature. Type or printed name of registered agent. Date of appointment. (Note: Registered Agent signature required when reappointing.)				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY ST ZIP	D BURGESON, ROBERT P. 127 TWIN LAKES DR. MOORE SC 29369	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	P BURGESON, TRACEY F 127 TWIN LAKES DR. MOORE SC 29369	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ 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)(b), 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 addition.				
SIGNATURE: <u><i>Tracey Burgeson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>5/25/95</u> <u>803-581-2291</u> Date Telephone Number		