SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S94357** **(8)**

1. Corporation Name
FLORIDA MED-SERV, INC.

Principal Place of Business	Mailing Address
~~2333 HIBISCUS COURT~~ ~~SARASOTA FL 34239~~ 5435 CAPE LAYTE DR	~~2333 HIBISCUS COURT~~ ~~SARASOTA FL 34239~~ 5435 CAPE

2. Principal Place of Business	2a. Mailing Address
21 5435 Cape Leyte DR	26 5435 Cape Leyte DR
Suite, Apt. #, etc. 22 SARASOTA.	Suite, Apt. #, etc. 27 SARASOTA
City & State 23 FLORIDA	City & State 28 FLORIDA
Zip 24 34242 Country 25	Zip 29 34242 Country 30

3. Date Incorporated or Qualified: **11/15/1991**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **NOT APPLICABLE** ☐ 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
KIRTLEY, WILLIAM T.
~~702 SARASOTA QUAY~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent
81 Name: JAMES P. JONES JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5435 CAPE LEYTE DR.
83
84 City: SARASOTA **FL** 85 Zip Code: 34242

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: JAMES P. JONES JR. — 6/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: A registered agent cannot be appointed without his consent.) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JONES, JAMES P., KR	
STREET ADDRESS	5435 CAPE LEYTE DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	☐ DELETE
NAME	KELLY, PAMELA M	
STREET ADDRESS	2333 HIBISCUS CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CEOV	☐ DELETE
NAME	KELLY, WILLIAM	
STREET ADDRESS	2333 HIBISCUS CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	☐ DELETE
NAME	BRISCOE, MICHAEL	
STREET ADDRESS	3015 BROWNING STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Kelly 6/12/96 941 364-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #