SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V10248** **(5)**

1. Corporation Name
PROVEN MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
2139 UNIVERSITY DRIVE SUITE 344 CORAL SPRINGS FL 33071	2139 UNIVERSITY DRIVE SUITE 344 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 08/18/1994

2. Principal Place of Business	2a. Mailing Address
21 9858 GLADES ROAD	26 9858 GLADES ROAD
Suite, Apt. #, etc. 22 #170	Suite, Apt. #, etc. 27 #170
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33434	Zip 29 33434
County 25 USA	County 30 USA

4. FEI Number: 65-0316277 ☐ 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	10. Name and Address of New Registered Agent
HARROD, DAVID A. 2139 UNIVERSITY DR STE 344 CORAL SPRINGS FL 33071	81 Name: DAVID A. HARROD 82 Street Address (P.O. Box Number is Not Acceptable): 9858 GLADES ROAD 83 SUITE #170 84 City: BOCA RATON FL 85 Zip Code: 33434

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	HARROD, DAVID A.	12 NAME	HARROD, DAVID A.
STREET ADDRESS	2139 UNIVERSITY DR, STE 344	13 STREET ADDRESS	9858 GLADES ROAD #170
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	BOCA RATON, FL 33434
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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, on an attachment with an address.

SIGNATURE: DAVID A. HARROD 7/21/95 305/646-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030010 CP