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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10248

(5)

PROVEN MEDICAL SERVICES, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business  8658 GLADES RD STE 170 BOCA RATON FL 33434 US  2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State			Mailing Address 9658 GLADES RD STE 170 BOCA RATON FL 33434 US  2a. Mailing Address 25 Suite, Apt #, etc. 27 City & State	9858 GLADES RD STE 170 BOCA RATON FL 33434 US 2a. Mailing Address 25 Suite, Apt #, etc.			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/28/1992  4. FEI Number  65-03 16277  Applied For Not Applicable  \$8.75 Additional Fee Required  6. Election Campaign Financing  \$5.00 May Be				
23	7:	28					Trust Fund Contribution			ded to	
-	Žip	Country Zip Ci			y		8. This corporation owes or has pa		_		
24		25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent						No
			terit negistered Agent	81	TN	łame	10, Name and Address of New Ho	gistered A	gent		<del></del>
		OD, DAVID A			Ľ	Tame					
		GLADES RD		82 Street A			lress (P.O. Box Number is Not Accepta	ble)			
STE 170				63							
	BUCA	RATON FL 33434		63							
				84	(	City			85 7	Zip Co	ode
44	Dureunat to th	to provinces of Continue CO7.	0500 and 607 1500 Florida Blands		<u>l_</u>		poration submits this statement for the	<u>FL</u>	بلب		
	agent. I am fa	stered adent, or both, in trie St	ate of Florida. Such change was au oligations of, Section 607.0505, Flor	uthorized by rida Statutes	y th s.	e corpora	tion's board of directors. I hereby acce	pt the appo	intmen	t as re	gistered
12		OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS	IN 12
TITL		D	☐ DELETE	1.1 TITLE					Chan	ge	Addition
NA		HARROD, DAVID A.		1.2 NAME							
STREET ADDRESS 9858		9858 GLADES RD STE 170	ADES RD STE 170			oress					
_		BOCA RTON FL 3343			1.4 CITY-ST-ZIP						
TITE	ŀ		DELETE	2.1 TITLE		- 1			Chan	ge	Addition
NAME				2 2 NAME		- 1					
STA	REET ADDRESS			2.3 STREET	ADD	PAESS					
	Y-ST-ZIP			2. 4 City - St - ZiP		IP .					
TITL	- I		☐ DELETE	3.1 TITLE				i	Chan	.ge	Addition
NAI	···			3.2 NAME							
	EET ADDRESS			3.3 STREET	ADD	PRESS					
	Y-ST-ZIP		T DELETE	34 CITY-5	51 - Z	IP .		,			
TITL			☐ DELETE	4.1 TITLE				Į.	Chan	ge [	Addition
NAA				4. 2 NAME							
	EET ADDRESS			4.3 STREET	ADD	RESS					
CFT	Y-ST-ZIP		Douge	4.4 CITY-S	T-ZI	Р			<del></del>		<u> </u>
NAM	·		☐ DELETE	5 1 TITLE				Ĺ	Chan	ge L	Addition
				52 NAME							
	EET ADDRESS			5 3 STREET		- 1					
TITL	r-ST-ZIP		DELETE	5 4 CITY-S'	T - ZI	P			Chang		1 delian
NAN	1		_ orten	6.2 NAME				L	Ulan	åe r	Addition
	EET ADORESS			6.3 STREET	¥D^	0000					
	r-St-zip										
	I hereby certify	y that the information supplied	with this filing does not qualify for	6.4 CITY-ST	tiatr	stated in	Section 119.07(3)(i), Florida Statutes. I	further cert	ify that	the in	formation
	officer or direc	his annual report or supple its ctor of the corporation of the re lock 13 if changed, or on an a	ecoitor or trustan appropried to a	rate and the recute this r	at n	ny signatu ort as requ	ore shall have the same legal effect as illuired by Chapter 607, Florida Statutes;	made und and that m	er oath; y name	that I	am an ars in