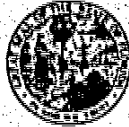


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22487 (5)

1. Corporation Name

DEFINITIVE HEALTH SERVICES, INCORPORATED

Principal Place of Business

2699 LEE ROAD
STE 203
WINTER PARK FL 32789
US

Mailing Address

2699 LEE ROAD
STE 203
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

03/09/1994

4. FEI Number

59-3114604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No *paid*

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 230

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 230

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHMIDT, DONALD H. M.D.
2699 LEE ROAD
STE 230
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMIDT, DONALD H.
STREET ADDRESS 945 NO 12 STR
CITY-ST-ZIP MILWAUKEE WI

TITLE VT
NAME AKHTAR, MASOOD
STREET ADDRESS 945 N 12TH STREET
CITY-ST-ZIP MILWAUKEE WI

TITLE S
NAME GRADE, LORNA J.
STREET ADDRESS 413 E. BIRCH AVENUE
CITY-ST-ZIP MILWAUKEE WI

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 960 N. 12th St.

1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 960 N. 12th St.

2.4 CITY-ST-ZIP

3.1 TITLE Secretary/Treasurer ☐ 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

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 address.

SIGNATURE:

Lorna Grace Lorna Grace

3/16/95

(414)

332-9219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #