

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

FILED  
Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V22487 (5)  
1. Corporation Name  
DEFINITIVE HEALTH SERVICES, INCORPORATED



Principal Place of Business: 2699 LEE ROAD SUITE 230 WINTER PARK FL 32789 US  
Mailing Address: 2699 LEE ROAD SUITE 230 WINTER PARK FL 32789-1739 US

3. Date Incorporated or Qualified: 03/18/1992  
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business (21-23) and Mailing Address (26-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.  
4. FEI Number: 59-3114604  
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 Paid

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: 2/25/97  
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD & Director/Chairman	NAME: SCHMIDT, DONALD H.	1.1 TITLE: Director	1.2 NAME: Jazayeri, Mohammad
STREET ADDRESS: 960 N 12TH ST	CITY-ST-ZIP: MILWAUKEE WI	1.3 STREET ADDRESS: 960 N. 12th St.	1.4 CITY-ST-ZIP: Milwaukee, WI
TITLE: VP & Director	NAME: AKHTAR, MASOOD	2.1 TITLE: Director	2.2 NAME: Bajwa, Tanvir
STREET ADDRESS: 960 N 12TH ST	CITY-ST-ZIP: MILWAUKEE WI	2.3 STREET ADDRESS: 960 N. 12th St.	2.4 CITY-ST-ZIP: Milwaukee, WI
TITLE: ST & Director	NAME: GRADE, LORNA J.	3.1 TITLE: Director	3.2 NAME: Shalev, Yoseph
STREET ADDRESS: 413 E. BIRCH AVENUE	CITY-ST-ZIP: MILWAUKEE WI	3.3 STREET ADDRESS: 960 N. 12th St.	3.4 CITY-ST-ZIP: Milwaukee, WI
TITLE: _____	NAME: _____	4.1 TITLE: Director	4.2 NAME: McKinnon, Molly
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.3 STREET ADDRESS: 4417 Tidewater Drive	4.4 CITY-ST-ZIP: Orlando, FL 32812
TITLE: _____	NAME: _____	5.1 TITLE: Director	5.2 NAME: Livingstone, Sharon
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.3 STREET ADDRESS: 2001 Park Ave.	5.4 CITY-ST-ZIP: Winter Park, FL 32789
TITLE: Director	NAME: Stewart, Kim	6.1 TITLE: Director	6.2 NAME: Waller, Deborah
STREET ADDRESS: 4665 Lincrest Dr.	CITY-ST-ZIP: Brookfield, WI 53045	6.3 STREET ADDRESS: 3360 Lilly Road	6.4 CITY-ST-ZIP: Brookfield, WI 53005

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 2/24/97 Date 414-332-9219 Daytime Phone #

CR2E034 (9/96)