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Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V22487** (5)  
1. Corporation Name  
**DEFINITIVE HEALTH SERVICES, INCORPORATED**

Principal Place of Business <b>2699 LEE ROAD SUITE 230 WINTER PARK FL 32789 US</b>	Mailing Address <b>2699 LEE ROAD SUITE 230 WINTER PARK FL 32789 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/18/1992</b>	
4. FEI Number <b>59-3114604</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>SCHMIDT, DONALD H. M.D. 2699 LEE ROAD STE 230 WINTER PARK FL 32789</b>		10. Name and Address of New Registered Agent <b>Paid</b>		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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHMIDT, DONALD H. 980 N 12TH ST MILWAUKEE WI	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7135 N. Barnett Milwaukee, WI 53217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AKHTAR, MASOOD 980 N 12TH ST MILWAUKEE WI	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director/Secretary Kim Stewart 4465 Lincrest Drive Brookfield, WI 53045</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRADE, LORNA J. 413 E. BIRCH AVENUE MILWAUKEE WI	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice president / director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, MOHAMMAD 980 N 12TH ST MILWAUKEE WI	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANVIR, BAJWA 980 N 12TH ST MILWAUKEE WI	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, MOLLY 4417 TIDEWATER DRIVE ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director/Treasurer</b>

14. I 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: *[Signature]* 3/12/98 414-332-9219

CR2E034 (10/97)