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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V26659** **(5)**

1. Corporation Name

SELECTED HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
1101 GULF BREEZE PKWY. SUITE 306 GULF BREEZE FL 32561	1101 GULF BREEZE PKWY. SUITE 306 GULF BREEZE FL 32561

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business
21: 1200 FT. PICKENS ROAD
Suite, Apt. #, etc
22: 11B
City & State
23: PENSACOLA BEACH, FL
Zip 24: 32561 Country 25: USA

2a. Mailing Address
26: SELECTED HEALTH SERVICES,
Suite, Apt. #, etc
27: P.O. BOX 1469
City & State
28: GULF BREEZE, FL
Zip 29: 32562 Country 30: USA

4. FEI Number: INC. 59-3116039 ☐ 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

O'BRYANT, JIM
1101 GULF BREEZE PKWY
SUITE 112
GULF BREEZE FL 32301

10. Name and Address of New Registered Agent

81 Name: JIM O'BRYANT
82 Street Address (P.O. Box Number is Not Acceptable): 1200 FT. PICKENS ROAD
83: 11B
84 City: PENSACOLA BEACH **FL** 85 Zip Code: 32561

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 the date. (If the Registered Agent is an entity, a corporate officer must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRYANT, REBECCA 1101 GULF BREEZE PKWY, STE 112 GULF BREEZE FL 32561 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D O'BRYANT, REBECCA 1200 FT. PICKENS ROAD, 11B PENSACOLA BEACH, FL 32561 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BRYANT, MELINDA 18040 MIDWAY RD., #231 DALLAS TX 75287-6514 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D O'BRYANT, MELINDA 6495 BORDEAUX AVENUE DALLAS, TEXAS 75209 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 800001845588 -05/31/96--01022--016 ***200.00

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Rebecca O'Bryant 4/25/96 904 922-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #