

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V36803 (7)

1. Corporation Name

PATE MEDICAL RESOURCES, INC.



Principal Place of Business

4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE FL 32207

Mailing Address

4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
05/15/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Pate Medical Resources

26 Pate Medical Resources

4. FET Number
59-3122395

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 332 St. Johns Ave.

27 332 St. Johns Ave.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Palatka, FL

28 Palatka, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32177

25 USA

29 32177

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSS, LARIE E.
4604 ATLANTIC BLVD.
JACKSONVILLE FL 32207

81 Name
Richard A. Pate

82 Street Address (P.O. Box Number is Not Acceptable)
332 St. Johns Ave.

83

84 City
Palatka

85 Zip Code
FL 32177

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Richard Alan Pate

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

(If Other than Agent, signature required when transferring)

1/18/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
RUSS, LARIE E.
4604 ATLANTIC BLVD. #3
JACKSONVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PATE, RICHARD ALAN
4604 ATLANTIC BLVD. #3
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CD
Ruby Bangs
332 St. Johns Ave.
Palatka, FL 32177 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
ST
Donald Bangs
332 St. Johns Ave.
Palatka, FL 32177 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

600001833316

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***200.00

5-1-96
AEB

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)(k), 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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Alan Pate 1/18/96 (904)325-6064

Exp.

Customer Product #

CR2E034 (12/95)