

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V39047 (8)

1. Corporation Name

ACCOUNTING & MEDICAL SERVICE OF TALLAHASSEE, INC



Principal Place of Business

Mailing Address

108 E. JEFFERSON ST.
QUINCY FL 32351
US

108 E. JEFFERSON ST.
QUINCY FL 32351
US

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 373 B E. Jefferson St

26 373 B E. Jefferson St

4. FEI Number
59-3123176

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Quincy, FL

28 Quincy, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32351

Country

29 FL 32351

Country

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

COOPER, NINA
108 E. JEFFERSON ST.
QUINCY FL 32351

81 Name
Barbara Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
373 A E. Jefferson St.
83
84 City Quincy FL 85 Zip Code 32351

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

Barbara Johnson

8/1/96

DATE

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME COOPER, NINA
STREET ADDRESS RT 1 BOX 3333
CITY-ST-ZIP HAVANA FL

TITLE P ☐ DELETE
NAME JOHNSON, CHARLES
STREET ADDRESS RT 2 BOX 202
CITY-ST-ZIP QUINCY FL

TITLE VP ☐ DELETE
NAME BEATTY, SHIRLEY
STREET ADDRESS P.O. BOX 703
CITY-ST-ZIP CHATTAHOOCHEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Rt. 1 Box 202
2.4 CITY-ST-ZIP Quincy, FL 32351

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS P.O. Box 365
3.4 CITY-ST-ZIP Murphyboro, N.C. 27855

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Johnson

Charles Johnson

8/5/96

(904) 627-7445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

CR2E034 (3/96)