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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1600 LAKELAND HILLS BLVD

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73084

(8)

1000 LAKELAND HILLS BLVD

Mailing Address

PROFESSIONAL HEALTH SERVICES ORGANIZATION, INC.

LAKELAND FL 33805-3019 LAKELAND FL 33805 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1992 03/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3308194 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Zip Country This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, DALE 1600 LAKELAND HILLS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33805 83 84 City 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 Stgrature, typod or perfect name of registered agent and title. Lappicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE Change Addition TITLE 11 TITLE ANDERSON, DALE J 12 NAME NAME 1600 LAKELAND HILLS BLVD. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BARDEN, GLEN A NAME 2.2 NAME 1600 LAKELAND HILLS BLVD. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Addition Change TITLE 3.1 TITLE CHAPMAN, ROBERT H 3.2 NAME NAME 1600 LAKELAND HILLS BLVD. STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL 3.4 CITY-ST-2IP CITY - ST - ZIP DELETÉ Change Addition TITLE 4.1 TITLE TULLIS, STUART C NAME 4.2 NAME 1600 LAKELAND HILLS BLVD. STREET ADDRESS 4.3 STREET ADDRESS LAKELAND FL 4.4 CITY-ST-ZIP DITY-ST-ZIP DELETE 5.1 TITLE XX Addition TITLE ČÉÍN, MARVIN J. LEIN, MARVIN J. 5.2 NAME NAME 1600 LAKELAND HILLS BLVD. 1600 LAKELAND HILLS BLVD. 5.3 STREET ADDRESS STREET ADDRESS LAKELAND, FL LAKELAND, FL 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition Change TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 proportion or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name