

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 21 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P97000017348 (8)**  
1. Corporation Name  
**CENTRAL FLORIDA CLINICAL SERVICES, INC.**



Principal Place of Business  
**500 AUSTRALIAN AVENUE SOUTH, SUITE 600  
WEST PALM BEACH FL 33401**

Mailing Address  
**POST OFFICE BOX 12277  
LAKE PARK FL 33403**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **601 N. New York Ave.**  
Suite, Apt. #, etc.  
22 **Suite 101**  
City & State  
23 **Winter Park, FL**  
Zip  
24 **32789** Country  
25 **Orange**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
**02/20/1997**

4. FEI Number  
**65-0811217** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**STILL, JOSEPH K JR.  
500 AUSTRALIAN AVENUE SOUTH, SUITE 600  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 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 date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tillman L. Eddy</b>
1.3 STREET ADDRESS	<b>1524 39th. Street</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>
2.1 TITLE	VP/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Robert C. Barrett</b>
2.3 STREET ADDRESS	<b>5619 North Bay Road</b>
2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>
3.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Alice Sturrock</b>
3.3 STREET ADDRESS	<b>321 East Webster Ave.</b>
3.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
4.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wm. Reeves King</b>
4.3 STREET ADDRESS	<b>1173 Old Dixie Hwy., Suite B</b>
4.4 CITY-ST-ZIP	<b>Lake Park, FL 33403</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 recipient 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: *Wm. Reeves King* Wm. Reeves King  
DATE: *04/21/98* 04/21/98

CR2E034 (10/97)