

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004762 (1)

1. Corporation Name
MEDSELECT SYSTEMS, INC.

Principal Place of Business Mailing Address
P.O. BOX 8230 CANTON OH 44711-8230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/21/1993** 3a. Date of Last Report **04/27/1994**

4. FEI Number **25-1711075** 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

2. Principal Place of Business		2a. Mailing Address	
21	26		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	BARONE, ROBERT P
STREET ADDRESS	818 MULBERRY RD., S.E.
CITY - ST - ZIP	CANTON OH
TITLE	SVP
NAME	MORRIS, GERALD F
STREET ADDRESS	818 MULBERRY RD., S.E.
CITY - ST - ZIP	CANTON OH
TITLE	D
NAME	WARF, ALBEN W
STREET ADDRESS	818 MULBERRY RD., S.E.
CITY - ST - ZIP	CANTON OH
TITLE	D
NAME	FRAZZITTA, BARTHOLOMEW J
STREET ADDRESS	818 MULBERRY RD., S.E.
CITY - ST - ZIP	CANTON OH
TITLE	P
NAME	FEDOR, MAX A
STREET ADDRESS	501 THOMSON PARK DRIVE
CITY - ST - ZIP	MARS PA
TITLE	D
NAME	GILLIO, M.D., ROBERT G
STREET ADDRESS	501 THOMSON PARK DR.
CITY - ST - ZIP	MARS PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PLEASE SEE ATTACHED LIST
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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 or 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 in an attachment with an action.

SIGNATURE: *Charles Francis Vogelzang*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Charles Francis Vogelzang Secretary

4.24.95 216.SEB.3716
Date Notary Public #

ROBERT PAUL BARONE
CHAIRMAN OF THE BOARD

MAXIM ANDREW FEDOR
PRESIDENT

GERALD FRANCIS MORRIS
SENIOR VICE PRESIDENT

ROBERT JAMES WARREN
VICE PRESIDENT AND TREASURER

CHAREE FRANCIS-VOGELSANG
VICE PRESIDENT AND SECRETARY

TODD DENVER BORTZ
ASSISTANT SECRETARY

DIRECTORS

ROBERT PAUL BARONE
DIRECTOR

GERALD FRANCIS MORRIS
DIRECTOR

ALBEN WILLIAM WARF
DIRECTOR

BARTHOLOMEW JOSEPH FRAZZITTA
DIRECTOR

ROBERT GENE GILLIO, M.D.
DIRECTOR

The business address of all the above officer and directors is:
818 Mulberry Rd., S.E., Canton, Ohio 44707-3256

818 MULBERRY ROAD, S.E.
CANTON, OHIO 44707

501 THOMSON PARK DRIVE
MARS, PENNSYLVANIA 16046

818 MULBERRY ROAD, S.E.
CANTON, OHIO 44707

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CANTON, OHIO 44707

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CANTON, OHIO 44707

818 MULBERRY ROAD, S.E.
CANTON, OHIO 44707

RESIDENCE ADDRESS

818 MULBERRY ROAD, S.E.
CANTON, OHIO 44707

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CANTON, OHIO 44707

818 MULBERRY ROAD, S.E.
CANTON, OHIO 44707

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MARS, PENNSYLVANIA 16046