

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52711** (3)
1. Corporation Name
MEDICAL EXPRESS CORP.

Principal Place of Business Mailing Address
4237 SALISBURY ROAD **4237 SALISBURY ROAD**
SUITE 304 **SUITE 304**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/15/1990 **04/28/1994**

4. FCI Number Applied For
59-3001845 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**

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc Suite, Apt. #, etc

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

STRICKLAND, BARBARA SUDDATH
100 LAURA STREET
JACKSONVILLE FL 32202

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 title if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FREEDMAN, DONALD MD	11 TITLE	P D Jane Freedman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4237 SALISBURY RD	12 NAME	4237 Salisbury Rd., #304
STREET ADDRESS	JACKSONVILLE FL	13 STREET ADDRESS	Jacksonville, FL 32216
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	VSD FREEDMAN, JANE	21 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4237 SALISBURY RD	22 NAME	Sandra Freedman, M.D.
STREET ADDRESS	JACKSONVILLE FL	23 STREET ADDRESS	4237 Salisbury Rd., #304
CITY, ST, ZIP		24 CITY, ST, ZIP	Jacksonville FL 32216
TITLE		31 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Donald S. Freedman, M.D.
STREET ADDRESS		33 STREET ADDRESS	4237 Salisbury Rd., #304
CITY, ST, ZIP		34 CITY, ST, ZIP	Jacksonville, FL 32216
TITLE		41 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Amos F. Almand, III
STREET ADDRESS		43 STREET ADDRESS	4237 Salisbury Rd., #304
CITY, ST, ZIP		44 CITY, ST, ZIP	Jacksonville, FL 32216
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(b), 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. 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 if changed, or on an attachment with an address.

SIGNATURE: *Jane D. Freedman* Jane D. Freedman 4/12/95 904-261-9723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone