

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M52247** (7)

1. Corporation Name
MEDCO OF FLORIDA, INC.



Principal Place of Business
**100 E. LINTON BLVD., SUITE 203B
DELRAY BEACH FL 33483**

Mailing Address
**100 E. LINTON BLVD., SUITE 203B
DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified 05/15/1987	3a. Date of Last Report 03/17/1995
4. FEI Number 59-2826278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2905 S. FEDERAL HIGHWAY State, Apt. #, etc.	26 2905 S. FEDERAL HIGHWAY State, Apt. #, etc.
22 C-2 City & State	27 C-2 City & State
23 DELRAY BEACH FL Zip Country	28 DELRAY BEACH FL Zip Country
24 33483 25 PALM BEACH	29 33483 30 PALM BEACH

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLOCKER, KATHLEEN A. 3010 PHOEBE LANE DELRAY BEACH FL 33444	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 607.0507 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
11a. TITLE	PTS <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME	BLOCKER, KATHLEEN A.	12. NAME	
11c. STREET ADDRESS	3010 PHOEBE LANE	13. STREET ADDRESS	
11d. CITY, ST., ZIP	DELRAY BEACH FL	14. CITY, ST., ZIP	
11e. TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. NAME	BLOCKER, KATHLEEN A.	22. NAME	
11g. STREET ADDRESS	3010 PHOEBE LANE	23. STREET ADDRESS	
11h. CITY, ST., ZIP	DELRAY BEACH FL	24. CITY, ST., ZIP	
11i. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. NAME		32. NAME	
11k. STREET ADDRESS		33. STREET ADDRESS	
11l. CITY, ST., ZIP		34. CITY, ST., ZIP	
11m. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. NAME		42. NAME	
11o. STREET ADDRESS		43. STREET ADDRESS	
11p. CITY, ST., ZIP		44. CITY, ST., ZIP	
11q. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. NAME		52. NAME	
11s. STREET ADDRESS		53. STREET ADDRESS	
11t. CITY, ST., ZIP		54. CITY, ST., ZIP	
11u. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. NAME		62. NAME	
11w. STREET ADDRESS		63. STREET ADDRESS	
11x. 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen A. Blocker* KATHLEEN A. BLOCKER 1/29/96 407-272-7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (12/95)