

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90107 005 ***750.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000085335**

1. Corporation Name
MEDCO OF HIALEAH, INC.



Principal Place of Business
 3511 W COMMERCIAL BLVD., #200
 FT LAUDERDALE FL 33309

Mailing Address
 3511 W COMMERCIAL BLVD., #200
 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/17/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0399707	
24 Country		29 Country		Applied For	
				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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, BRYAN W JR 3511 W COMMERCIAL BLVD., #200 FT LAUDERDALE FL 33309				81 Name			
				VICTOR K. RONES			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				16105 NE 18th AVENUE			
				83			
				84 City			
				NORTH MIAMI BEACH FL FL			
				85 Zip Code			
				33162			

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] DATE: 3/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRYAN W JR.	1.2 NAME	
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKEL, ARDIE R	2.2 NAME	NICKEL, ARDIE R.
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	2.3 STREET ADDRESS	3511 W. COMMERCIAL BLVD. #200
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33309
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLD, HERBERT	3.2 NAME	H. JOSEPH HALL <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	3.3 STREET ADDRESS	3511 W. COMMERCIAL BLVD. # 200
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33309
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSCH, ANDREW	4.2 NAME	
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHER, RICHARD	5.2 NAME	
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERLEY, JOHN J	6.2 NAME	
STREET ADDRESS	3511 W COMMERCIAL BLVD., #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	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 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, with all other like empowered.

SIGNATURE: [Signature] H. JOSEPH HALL DATE: 3/15/99 DAYTIME PHONE #: (954) 785-8888

CR2E034 (11/98)