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

APPROVED AND FILED

98 APR -6 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000093003 (6)

1. Corporation Name
EDGEMED SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3275 WEST HILLSBORO BLVD. SUITE 300 DEERFIELD BEACH FL 33442	3275 WEST HILLSBORO BLVD. SUITE 300 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1997

2. Principal Place of Business	2a. Mailing Address
21 1650 S. POWERLINE Rd.	26 1650 S. POWERLINE Rd.
Suite, Apt. #, etc. 22 F	Suite, Apt. #, etc. 27 F
City & State 23 DEERFIELD BEACH, FL	City & State 28 DEERFIELD BEACH, FL
Zip / Country 24 33442 / 25 USA	Zip / Country 29 33442 / 30 USA

4. FEI Number: 65-0820431 ☐ 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	10. Name and Address of New Registered Agent
CAPLAN, FRANKLIN H 100 N.E. THIRD AVENUE SUITE 400 FT LAUDERDALE FL 33301	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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KURSTIN, GARY		1.2 NAME	KURSTIN, GARY
STREET ADDRESS	3275 WEST HILLSBORO BLVD. SUITE 300		1.3 STREET ADDRESS	1650 S. POWERLINE Rd.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	A. Wann 4/6/98
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Dep $150

CR2E034 (10/97)

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.

_____ 4/2/98 (954)426-8002