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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90151 043 ***150.00

0098671

DOCUMENT # **P98000037049**

1. Corporation Name
MEDADVANTAGE, INC.

Principal Place of Business	Mailing Address
3452 LAKE LYNDA DRIVE #250 ORLANDO FL 32817	3452 LAKE LYNDA DRIVE #250 ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1998

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0836895 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HINES, KIM
777 S FLAGLER DRIVE
1900 PHILLIPS POINT WEST
WEST PALM BEACH FL 33401-6198

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SALMAN, STEVEN L		1.2 NAME	ANN Flood	
STREET ADDRESS	2121 PONCE DE LEON BLVD, PO BOX 149001		1.3 STREET ADDRESS	2000 Professionals Dr., Box 150	
CITY-ST-ZIP	CORAL GABLES FL 33114		1.4 CITY-ST-ZIP	OKEMOS, MI 48805-0150	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BAXTER, BILL		2.2 NAME	Jeff Bowlby	
STREET ADDRESS	2121 PONCE DE LEON BLVD, PO BOX 149001		2.3 STREET ADDRESS	2000 Professionals Dr., Box 150	
CITY-ST-ZIP	CORAL GABLES FL 33114		2.4 CITY-ST-ZIP	OKEMOS, MI 48805-0150	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, KERRY M MD		3.2 NAME		
STREET ADDRESS	2121 PONCE DE LEON BLVD, PO BOX 149001		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33114		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WITTY, JOHN B		4.2 NAME		
STREET ADDRESS	3452 LAKE LYNDA DR, #250		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, JOHN C		5.2 NAME		
STREET ADDRESS	3452 LAKE LYNDA DR, #250		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		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		

CR2E034 (11/98)

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: John B. Witty 4-29-99 407-282-5131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #