FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -2 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058368 (0)

1. Corporation Name

~~MAX INDUSTRIES, INC.~~

MEDNET SERVICES, INC.

Principal Place of Business	Mailing Address
~~4023 NORTH ARMENIA AVENUE~~ ~~SUITE 410~~ ~~TAMPA FL 33607~~ 7403 Temple Terr. Hwy Unit A Tampa, FL 33637	~~4023 NORTH ARMENIA AVENUE~~ ~~SUITE 410~~ ~~TAMPA FL 33607~~ Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21 7403 Temple Terr. Hwy
22 Suite A
23 Tampa, FL
24 Zip: 33637
25 County: Hillsborough

2a. Mailing Address
26
27 Same
28
29 Zip
30 County

4. FEI Number: 59-3201907 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WIND, ATTY SHELDON L
110 HILLSBOROUGH AVE E
TAMPA FL 33604

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) (FEI#, Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	D, P, S, T ☒ Change ☐ Addition
NAME	~~ANDERSON~~, MICHELE STERN	1.2 NAME	Michele Stern
STREET ADDRESS	~~4023 N ARMENIA AVE #410~~	1.3 STREET ADDRESS	7403 Temple Terr. Hwy. Unit A
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	Tampa, FL 33637
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	200001473572
STREET ADDRESS		2.3 STREET ADDRESS	-05/03/95--01116--005
CITY ST ZIP		2.4 CITY ST ZIP	****208.75 ****208.75
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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.

SIGNATURE: Michele Stern 4/10/95 813-985-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0292322 CP