

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 562250

(1)

1. Corporation Name

MEDEX SERVICES, INC.



Principal Place of Business

Mailing Address

% MALCOLM M. COHEN  
1776 E. SUNRISE BLVD., #216  
FT. LAUDERDALE FL 33304

% MALCOLM M. COHEN  
1776 E. SUNRISE BLVD., #216  
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified

03/17/1978

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 has liability for intangible tax under s. 199.03?  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MALCOLM M.  
1776 E. SUNRISE BLVD., #216  
FT. LAUDERDALE FL 33304

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME COHEN, MALCOLM M.  
STREET ADDRESS 1776 E. SUNRISE BLVD #216  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VS  
NAME COHEN, MITCHELL  
STREET ADDRESS 1776 E SUNRISE BLVD #216  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V  
NAME COHEN, ANDREW  
STREET ADDRESS 1776 E SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

3100 NORTH EAST 47TH COURT T-#11  
FORT LAUDERDALE, FLORIDA

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3054 NORTH EAST 49TH STREET  
FORT LAUDERDALE, FLORIDA

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

3100 NORTH EAST 48TH STREET  
FORT LAUDERDALE, FLORIDA

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MITCHELL COHEN

DATE

Daytime Phone #

1-(954)-763-1776

CR2E034 (3/96)