

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 669621

(5)

1. Corporation Name

MEDICAL DATA LIFELINE, INC.

Principal Place of Business

**4400 MARSH LANDING BLVD.
P.O. BOX 1219 (32004)
PONTE VEDRA BCH FL 32082**

Mailing Address

**4400 MARSH LANDING BLVD.
P.O. BOX 1219 (32004)
PONTE VEDRA BCH FL 32082**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1980

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1994586

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILAM, ARTHUR
100 LAURA STREET
JACKSONVILLE, FL
32202**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**
NAME **HUTCHINSON, FRANCES F.**
STREET ADDRESS **4400 MARSH LANDING BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VDT**
NAME **MELCHING, STEPHEN D.**
STREET ADDRESS **4400 MARSH LANDING BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D**
NAME **FLETCHER, PAUL Z**
STREET ADDRESS **4400 MARSH LANDING BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **PD**
NAME **FLETCHER, JEROME S**
STREET ADDRESS **4400 MARSH LANDING BLVD.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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:

Frances F. Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frances F. Hutchinson

4/18/95 (904) 285-6921

Date

Telephone Number