

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business		2a. Mailing Address	
21 1548 The Greens Way	26 P.O. Box 1219		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 4	27		
City & State	City & State		
23 Jacksonville Beach, FL	28 Ponte Vedra Beach, FL		
Zip	Zip		
24 32250	29 32004		
Country	Country		
25 USA	30 USA		

3. Date Incorporated or Qualified	
04/22/1980	
4. FEI Number	Applied For
59-1994586	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MELCHING, STEPHEN 1548 THE GREENS WAY APT 4 JACKSONVILLE FL 32202			
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City		FL	B5 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	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, FRANCES F.	1.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD.	1.3 STREET ADDRESS	1548 The Greens Way, Ste. 4
CITY-ST-ZIP	PONTE VEDRA BCH. FL	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	VDT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHING, STEPHEN D.	2.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD.	2.3 STREET ADDRESS	Same As Above
CITY-ST-ZIP	PONTE VEDRA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PAUL Z	3.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD.	3.3 STREET ADDRESS	Same As Above
CITY-ST-ZIP	PONTE VEDRA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JEROME S	4.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD.	4.3 STREET ADDRESS	Same As Above
CITY-ST-ZIP	PONTE VEDRA BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E034 (10/97)