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

**PROFIT CORPORATION** ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

GARY KURSTIN 1/24/97 (854)426-8002

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F53203

(8)

FLORIDA MEDICAL COMPUTERS, INC.

Principal Place of Business Mailing Address					T HOBSING COUNT DIAGO DICIN SERIO COIN BIRIN BIRIN DEGIS BIRES BIRIN BIRIN BORN		
3275 W HILLSBORO BLVD 300 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-9410							
						3. Date Incorporated or Qualified 11/09/1981 3a. Date of Last Report 02/15/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE Not Applied For Not Applicable	
Suite, Apt. (	# etc	Suite, Apt. #, etc.				60 7E Additional	
20 (C, Apt. )	# <sub>1</sub> <b>0</b> 10.	27	<del></del>			5. Certificate of Status Desired Fee Required	
City & State	<b>&gt;</b>	City & State				Election Campaign Financing \$5.00 May Be	
3		28				Trust Fund Contribution	
—Zip ──1	Country	Z <sub>i</sub> p	<del></del> -	ıntry		This corporation has liability for intangible tax under s. 199.032,	
4	25 Name and Address of Curren	[29]	30	T		Florida Statutes Yes No	
VIID.		r negleteten Agent		81	Name	IQ, traite and couldness of their regiments rights	
	istin, gary A. 7 Glen Nevis Terr				0: 4	Clares (D.O. David Landon la Mai Accordatio)	
	CA RATON FL 33496			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
, ,				83			
•				84	City	85 Zip Code	
4					· · ·	priporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable (NOT	E Registere			quired when reinstaking) DAYE	
12.	OFFICERS AND		RECTORS 13.  DELETE 1.1 TITLI  12 NAM			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	KURSTIN, GARY					build What I have I have I have I have I	
STREET ADDRESS	7917 GLEN NEVIS TERR.		1		ADDRESS		
CITY-ST-ZIP	ACA CATON PI		1.4 C	ITY-S	iT-ZIP		
TITLE	DELETI		2.1 TITLE			Change Addition	
NAME			2.2 N	AME			
STREET ADDRESS			2.3 S	TREET	ADDRESS		
CITY-ST-ZIF	DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
TITLE		☐ Marie		3.2 NAME		La Change La Addition	
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		DELETE	4,1 T			. Change Addition	
NAME			4.21	MAME			
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-S1-7IP					1- ZIP		
TOLE		☐ DELETE	5.1 ¥			Change Addition	
NAME			5.2 N			/ N.m.	
STREET ADDRESS					ADDRESS	$(\mathcal{O}_{\mathbf{A}}\mathcal{X})$	
CITY-ST-ZIP TITLE		DELETE	5.4 U		ST-ZIP	☐ Change ☐ Addition	
NAME		hand between	62 N			<del></del>	
STREET ADDRESS				6.3 STREET A		000002076540 -02/04/9701024034	
CITY-S1-ZIP				6.4 CITY-SY-ZIP		***165_00	
14. I do heret informatio	o indicated on this annual report or s	supplemental annual report is to the receiver or arrustee empower.	fy for the true and vered to	exe	emption stat	ted in Section 119.07(3)(1), Florida Statutes. I further certify that the hat my signature shall have the same legal effect as if made under oath; the port as required by Chapter 607, Florida Statutes; and that my name	