

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003442 (1)

1. Corporation Name

MEDBENEFIXX, INC.



Principal Place of Business

500 WEST MAIN STREET
LOUISVILLE KY

Mailing Address

PO BOX 740026
ATTN: TAX DEPT.
LOUISVILLE KY 40201-7426
US

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

61-1243212

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (if not acceptable)

Signature typed or printed name of new registered agent (if not acceptable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SMITH, WAYNE T	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	CFO	☐ DELETE
NAME	DRURY, W. ROGER	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VD	☐ DELETE
NAME	CASH, W. LARRY	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	VD	☐ DELETE
NAME	COUGHLIN, KAREN A	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	V	☐ DELETE
NAME	BAUERNFEIND, GEORGE	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
TITLE	V	☐ DELETE
NAME	LANKFORD, RONALD S MD	
STREET ADDRESS	500 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

200001817642
05/13/96 01014-012
***200.00

5-1-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Taxes

APR 20 1996

(502) 580-1000

CR2E034 (12/95)