

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90001 047 ***550.00

DOCUMENT # **F96000006532**

1. Corporation Name

MEDSYNERGIES, INC.



Principal Place of Business

**1320 GREENWAY
SUITE 600
IRVING TX 75038
US**

Mailing Address

**1320 GREENWAY
SUITE 600
IRVING TX 75038
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

75-2515691

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 1320 Greenway, Suite 600

2a. Mailing Address

26 1320 Greenway

Suite, Apt. #, etc.

22 Suite 600

Suite, Apt. #, etc.

27 Suite 600

City & State

23 Irving, Tx.

City & State

28 Irving, Tx.

Zip

24 75038

Country

25 USA

Zip

29 75038

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BRUHL, DAN E MD**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **D** ☐ DELETE

NAME **GELENDER, HENRY MD**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **DCEO** ☐ DELETE

NAME **HUTTON, WILLIAM L MD**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **D** ☐ DELETE

NAME **STARITA, RICHARD J MD**
STREET ADDRESS **1230 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE **VP** ☒ DELETE

NAME **TOOL, DOUGLAS K**
STREET ADDRESS **1320 GREENWAY, #600**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Pres / CEO
J.R. Thomas
1320 Greenway, Suite 600
Irving, Tx. 75038**

**VP
Betty Mozingo
1320 Greenway, Suite 600
Irving, Tx 75038**

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: **Betty Mozingo** **RE Betty Mozingo - Asst. V.P.** **7/19/99** **912-791-1224**

CR2E034 (5/99)