


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90133 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # F97000003114

1. Corporation Name
MEDASYS ACQUISITION CORPORATION

Principal Place of Business
5301 BLUE LAGOON DRIVE
MIAMI FL 33126

Mailing Address
5301 BLUE LAGOON DRIVE
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

30-3129729

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

FERREIRA, CLAUDIA
5301 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name

8. JANET EDGAR

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 in ink of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCST** ☐ DELETE
 NAME **LUCANI, JEAN MARIE**
 STREET ADDRESS **5301 BLUE LAGOON DRIVE, #600**
 CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
 NAME **LUCANI, JEAN MARIE**
 STREET ADDRESS **5301 BLUE LAGOON DRIVE, #600**
 CITY-STATE-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
 NAME **WESTERMAN, ALEXIS**
 STREET ADDRESS **5301 BLUE LAGOON DRIVE, #600**
 CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-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-STATE-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JEAN-MARIE LUCANI**

4/22/99

(305) 261 6025

Daytime Phone #

CR2E034 (1/98)