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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004123 (2)

1. Corporation Name

MEDE AMERICA CORPORATION

Principal Place of Business

90 MERRICK AVE.  
EAST MEADOW NY 11554

Mailing Address

90 MERRICK AVE.  
EAST MEADOW NY 11554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

11-3270245

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 C  
NAME MCINERNEY, THOMAS E  
STREET ADDRESS 320 PARK AVE., STE. 2500  
CITY-ST-ZIP NEW YORK NY 10022 ☐ DELETE

TITLE D  
NAME MURRAY, TIMOTHY M  
STREET ADDRESS 222 W. ADAMS ST., 33RD FL.  
CITY-ST-ZIP CHICAGO IL 60606 ☐ DELETE

TITLE D  
NAME DE NICOLA, ANTHONY  
STREET ADDRESS 320 PARK AVE., STE. 2500  
CITY-ST-ZIP NEW YORK NY 10022 ☐ DELETE

TITLE DP  
NAME STAUDT, THOMAS P  
STREET ADDRESS 90 MERRICK AVE.  
CITY-ST-ZIP EAST MEADOW NY 11554 ☐ DELETE

TITLE V  
NAME MCMANUS, MICHAEL  
STREET ADDRESS 90 MERRICK AVE.  
CITY-ST-ZIP EAST MEADOW NY 11554 ☐ DELETE

TITLE V  
NAME HANSEN, BRUCE E  
STREET ADDRESS 90 MERRICK AVE.  
CITY-ST-ZIP EAST MEADOW NY 11554 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TS  
1.2 NAME RICHARD P. BANKOSKY  
1.3 STREET ADDRESS 90 MERRICK AVE - SUITE 501  
1.4 CITY-ST-ZIP EAST MEADOW, NY 11554 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*R. P. Bankosky*

4/28/98 (510) 543-4500

CR2E034 (10/97)