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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90063 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004123

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

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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	<input type="checkbox"/> DELETE
NAME	MCINERNEY, THOMAS E	
STREET ADDRESS	320 PARK AVE., STE. 2500	
CITY-ST-ZIP	NEW YORK NY 10022	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, TIMOTHY M	
STREET ADDRESS	222 W. ADAMS ST., 33RD FL.	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE NICOLA, ANTHONY	
STREET ADDRESS	320 PARK AVE., STE. 2500	
CITY-ST-ZIP	NEW YORK NY 10022	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STAUDT, THOMAS P	
STREET ADDRESS	90 MERRICK AVE.	
CITY-ST-ZIP	EAST MEADOW NY 11554	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCMANUS, MICHAEL	
STREET ADDRESS	90 MERRICK AVE.	
CITY-ST-ZIP	EAST MEADOW NY 11554	

TITLE	TS	<input type="checkbox"/> DELETE
NAME	BANKOSKY, RICHARD P	
STREET ADDRESS	90 MERRICK AVE, STE 501	
CITY-ST-ZIP	EAST MEADOW NY 11554	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Winchester, Alan
5.4 CITY-ST-ZIP	8601 Six Forks Rd., Ste. 300

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Raleigh, NC 27615
6.3 STREET ADDRESS	Title: Secretary & Treasurer
6.4 CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)