

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # **G35222 (0)**
1. Corporation Name
MEDCROSS, INC.



Principal Place of Business: **3227 BENNET STREET NORTH ST. PETERSBURG FL 33713**
Mailing Address: **3227 BENNET STREET NORTH ST. PETERSBURG FL 33713**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1983	3a. Date of Last Report 04/20/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2291344	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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	
85. Zip Code	FL

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 _____ DATE _____
Signature typed or printed name of signor has legal effect if appropriate. Date of Registered Agent signature is prerequisite for filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SECRETARY
NAME	BABCOCK, R. HUSTON	1.2 NAME	STEPHANIE E. GIALLOURAKIS
STREET ADDRESS	741 12TH ST. N.	1.3 STREET ADDRESS	3227 BENNET ST N
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	DV	2.1 TITLE	D
NAME	TAGHAVI, BIJAN	2.2 NAME	CLAY WILKES
STREET ADDRESS	3227 BENNET ST N	2.3 STREET ADDRESS	4030 W. BRAKER LN STE 320
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	AUSTIN TX 78759
TITLE	D	3.1 TITLE	
NAME	WONG, POSHIN	3.2 NAME	
STREET ADDRESS	1980 POST OAK BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	
NAME	BARNES, TIMOTHY R.	4.2 NAME	
STREET ADDRESS	3227 BENNET STREET NO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	TOH, HENRY	5.2 NAME	
STREET ADDRESS	3227 BENNET ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERBURG FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MICHON, DOROTHY	6.2 NAME	
STREET ADDRESS	3227 BENNET ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **6/3/96** **(83) 521-1793**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)