

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 33713-2641**

3. Date Incorporated or Qualified: **04/21/1983**      3a. Date of Last Report: **06/17/1996**  
 4. FEI Number: **59-2291344**      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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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  
**B1** Name: \_\_\_\_\_  
**B2** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**B3** \_\_\_\_\_  
**B4** City: \_\_\_\_\_ **FL** **B5** 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BABCOCK, R. HUSTON</b>	
STREET ADDRESS	<b>741 12TH ST. N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> DELETE
NAME	<b>GILLOURAKIS, STEPHANIE</b>	
STREET ADDRESS	<b>3227 BENNET ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILKS, CLAY</b>	
STREET ADDRESS	<b>4030 N BRAKER LN SUITE 320</b>	
CITY-ST-ZIP	<b>AUSTIN TX</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOH, HENRY</b>	
STREET ADDRESS	<b>3227 BENNET ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHON, DOROTHY</b>	
STREET ADDRESS	<b>3227 BENNET ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.2 NAME	<b>JOHN EDWARDS</b>	
1.3 STREET ADDRESS	<b>13751 S. WADSWORTH #200</b>	
1.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84020</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH COHEN</b>	
2.3 STREET ADDRESS	<b>1370 AVENUE OF THE AMERICAS</b>	
2.4 CITY-ST-ZIP	<b>NEW YORK, NEW YORK 10001</b>	
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	<b>D</b>	<input checked="" 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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: \_\_\_\_\_ **4/29/97** **(012) 511-1793**

CR2ED