

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G41295** (8)

1. Corporation Name
MEDFIRST-MEDIFAST, INC.



Principal Place of Business: **% JUAN FELIPE GARCIA, 1951 PEARL ST., JACKSONVILLE FL 32206**
Mailing Address: **% JUAN FELIPE GARCIA, 1951 PEARL ST., JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified: **05/27/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2324517**
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
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
25 Country

9. Name and Address of Current Registered Agent

**GARCIA, JUAN FELIPE
1951 PEARL ST.
JACKSONVILLE FL 32206**

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

Signature for principal registered agent or officer or director

Name of Registered Agent (signature required even if not acting)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **DP**
NAME: **GARCIA, JUAN FELIPE, M.D.**
STREET ADDRESS: **1951 PEARL ST.**
CITY, ST, ZIP: **JACKSONVILLE FL**

2. TITLE: **ST**
NAME: **GARCIA, CARMEN**
STREET ADDRESS: **1951 PEARL ST**
CITY, ST, ZIP: **JACKSONVILLE FL**

3. TITLE: DELETE

4. TITLE: DELETE

5. TITLE: DELETE

6. TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE: Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE: Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE: Change Addition
14. NAME
15. STREET ADDRESS
16. 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 or person 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

353-48

Fee

Daytime Phone #

CR2E034 (12/95)