FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # H50158 (5)

1. Corporation Name
MEDIPLEX MANAGEMENT OF MANATEE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% ROBERT D. EUSTIS 15 WLANUT STREET WELLESLEY MA 02181	% ROBERT D. EUSTIS 15 WLANUT STREET WELLESLEY MA 02181

3. Date Incorporated or Qualified: 04/02/1985
3a. Date of Last Report: 02/22/1994

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)

4. FEI Number: 04-2861780 ☐ 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

9. Name and Address of Current Registered Agent

BITTMAN, MICHAEL, ESQ.
111 NORTH ORNAGE AVENUE
SUITE 900
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GOSMAN, ABRAHAM D.	1.2 NAME	William J. Hartigan	
STREET ADDRESS	15 WALNUT STREET	1.3 STREET ADDRESS	15 Walnut Street	
CITY-ST-ZIP	WELLESLEY MA	1.4 CITY-ST-ZIP	Wellesley, MA 02181	
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	EUSTIS, ROBERT D.	2.2 NAME		
STREET ADDRESS	15 WALNUT STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY MA	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T/V	☒ Change ☐ Addition
NAME	LEAHTERS, FREDERICK R.	3.2 NAME	Bruce D. Broussard	
STREET ADDRESS	15 WALNUT STREET	3.3 STREET ADDRESS	5131 Masthead Street, NE	
CITY-ST-ZIP	WELLESLEY MA	3.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	VS	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MANN, RICHARD S.	4.2 NAME	Andrew L. Turner	
STREET ADDRESS	15 WLANUT STREET	4.3 STREET ADDRESS	5131 Masthead Street, NE	
CITY-ST-ZIP	WELLESLEY MA	4.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	VD	5.1 TITLE	V	☒ Change ☐ Addition
NAME	KANE, DANIEL J.	5.2 NAME	William C. Warrick	
STREET ADDRESS	15 WALNUT STREET	5.3 STREET ADDRESS	5131 Masthead Street, NE	
CITY-ST-ZIP	WELLESLEY MA	5.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	EVD	6.1 TITLE	S	☒ Change ☐ Addition
NAME	JACOBS, FREDERIC H.	6.2 NAME	Sheena Y. Thorpe	
STREET ADDRESS	15 WALNUT STREET	6.3 STREET ADDRESS	5131 Masthead Street, NE	
CITY-ST-ZIP	WELLESLEY MA	6.4 CITY-ST-ZIP	Albuquerque, NM 87109	

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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)(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: William J Hartigan (617) 446-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William J. Hartigan, President

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