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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:07

DOCUMENT # **H80334** **(6)**

1. Corporation Name

MEDIPLEX MANAGEMENT OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
15 WALNUT STREET WELLESLEY MA 02181	15 WALNUT STREET WELLESLEY MA 02181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1985
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Legal Department
27 Suite, Apt. #, etc. 5131 Masthead N.E.
28 City & State Albuquerque, NM
29 Zip 87109
30 Country USA

4. FEI Number: 04-2891815 ☐ 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 J.
111 N. ORANGE AVE-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 St.
CITY-ST-ZIP	WELLESLEY MA	1.4 CITY-ST-ZIP	Wellesley, MA 02181
TITLE	AS	2.1 TITLE	VP/O ☑ Change ☐ Addition
NAME	EUSTIS, ROBERT D.	2.2 NAME	Andrew L. Turner
STREET ADDRESS	15 WALNUT ST.	2.3 STREET ADDRESS	5131 Masthead St. N.E.
CITY-ST-ZIP	WELLESLEY MA	2.4 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	EVD	3.1 TITLE	VP ☑ Change ☐ Addition
NAME	JACOBS, FREDERIC H.	3.2 NAME	William C. Warrick
STREET ADDRESS	15 WALNUT STREET	3.3 STREET ADDRESS	5131 Masthead St. NE
CITY-ST-ZIP	WELLESLEY MA	3.4 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	T	4.1 TITLE	VP/T ☑ Change ☐ Addition
NAME	LEATHERS, FREDERICK R.	4.2 NAME	Bruce D. Broussard
STREET ADDRESS	15 WALNUT STREET	4.3 STREET ADDRESS	5131 Masthead St. NE.
CITY-ST-ZIP	WELLESLEY MA	4.4 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	VS	5.1 TITLE	S ☑ Change ☐ Addition
NAME	MANN, RICHARD S.	5.2 NAME	Nikki J. Mann
STREET ADDRESS	15 WALNUT STREET	5.3 STREET ADDRESS	5131 Masthead N.E.
CITY-ST-ZIP	WELLESLEY MA	5.4 CITY-ST-ZIP	Albuquerque NM 87109
TITLE	V	6.1 TITLE	AS ☑ Change ☐ Addition
NAME	KANE, DANIEL J.	6.2 NAME	Alan Zampini
STREET ADDRESS	15 WALNUT STREET	6.3 STREET ADDRESS	15 Walnut St.
CITY-ST-ZIP	WELLESLEY MA	6.4 CITY-ST-ZIP	Wellesley MA 02181

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: Nikki J. Ma 3-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303468 FP