

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H80334 (6)

1. Corporation Name

MEDIPLEX MANAGEMENT OF PORT ST. LUCIE, INC.



Principal Place of Business

Mailing Address

LEGAL DEPARTMENT  
5131 MASTHEAD ST., N.E.  
ALBUQUERQUE NM 87109

LEGAL DEPARTMENT  
5131 MASTHEAD, NE  
ALBUQUERQUE NM 87109  
US

3. Date Incorporated or Qualified  
10/10/1985

3a. Date of Last Report  
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 101 Sun Lane  
Suite, Apt. #, etc.

26 Legal Dept.  
Suite, Apt. #, etc.

22 City & State  
Albuquerque NM

27 101 Sun Lane  
City & State  
Albuquerque NM

23 Zip  
87109

24 Country  
USA

28 Zip  
87109

29 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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HATRIGAN, WILLIAM	
STREET ADDRESS	15 WALNUT ST.	
CITY-STATE-ZIP	WELLESLEY MA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TURNER, ANDREW L.	
STREET ADDRESS	5131 MASTHEAD ST., NE	
CITY-STATE-ZIP	ALBUQUERQUE NM	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WARRICK, WILLIAM C.	
STREET ADDRESS	5131 MASTHEAD ST, NE	
CITY-STATE-ZIP	ALBUQUERQUE NM	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BROUSSARD, BRUCE D	
STREET ADDRESS	5131 MASTHEAD ST, NE	
CITY-STATE-ZIP	ALBUQUERQUE NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, NIKKI J.	
STREET ADDRESS	5131 MASTHEAD, NE	
CITY-STATE-ZIP	ALBUQUERQUE NM	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZAMPINI, ALAN	
STREET ADDRESS	15 WALNUT ST.	
CITY-STATE-ZIP	WELLESLEY MA	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dale Zulauf	
1.3 STREET ADDRESS	8177 Burning Tree Trail	
1.4 CITY-STATE-ZIP	Franktown, CO	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	101 Sun Lane	
3.4 CITY-STATE-ZIP	Albuquerque, Nm 87109	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	101 Sun Lane	
5.4 CITY-STATE-ZIP	Albuquerque, Nm 87109	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	321 Commonwealth Rd.	
6.4 CITY-STATE-ZIP	Wayland, MA 01778	

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:

Nikki J. Mann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nikki J. Mann 2-9-96 (505) 821-3355  
Date Daytime Phone #

CR2E034 (12/95)