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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
101 SUN LANE
ALBUQUERQUE NM 87109
US

Mailing Address
LEGAL DEPARTMENT
101 SUN LANE
ALBUQUERQUE NM 87109-4373
US

3. Date Incorporated or Qualified 10/10/1985	3a. Date of Last Report 02/23/1996
4. FEI Number 04-2891815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ZULAUF, DALE 8177 BURNING TREE TRAIL FRANKTOWN CO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	1.2 NAME	
STREET ADDRESS	TURNER, ANDREW L. 5131 MASTHEAD ST, NE ALBUQUERQUE NM	1.3 STREET ADDRESS	8400 E. Prentice Ave. #1025 Englewood, Co 80111
CITY-ST-ZIP		1.4 CITY-ST-ZIP	V.P.
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, WILLIAM C. 101 SUN LANE ALBUQUERQUE NM	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	101 Sun Lane, NE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	V.P.
TITLE	VPT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUSSARD, BRUCE D 5131 MASTHEAD ST, NE ALBUQUERQUE NM	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Director Mark O. Wimer 565 W. Myrtle, #240 Boise, ID 83702
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	4.1 TITLE	
NAME	MANN, NIKKI J. 101 SUN LANE ALBUQUERQUE NM	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAMPINI, ALAN 321 COMMONWEALTH ROAD WAYLAND MA	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director Robert O. Walth 101 Sun Lane NE Albuquerque Nm 87109
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 190.07(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 as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 585821-3353
Date Daytime Phone #

CR2E034 (9/96)