

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **101 Sun Avenue NE**

Suite, Apt #, etc

22 **Albuquerque NM**

City, State

23 **87109** 25 **USA**

Zip Country

2a. Mailing Address

26 **101 Sun Avenue NE**

Suite, Apt #, etc

27 **Legal Dept.**

City, State

28 **Albuquerque NM**

Zip Country

29 **87109** 30 **USA**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZULAUF, DALE	
STREET ADDRESS	8177 BURNING TREE TRAIL	
CITY-ST-ZIP	FRANKTOWN CO	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, ANDREW L.	
STREET ADDRESS	5131 MASTHEAT ST., NE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WARRICK, WILLIAM C.	
STREET ADDRESS	101 SUN LANE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, NIKKI J.	
STREET ADDRESS	101 SUN LANE	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 Sun Avenue NE
1.4 CITY-ST-ZIP	Albuquerque NM 87109
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 Sun Avenue NE
3.4 CITY-ST-ZIP	Albuquerque NM 87109
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	101 Sun Avenue NE
4.4 CITY-ST-ZIP	Albuquerque NM 87109
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert D. Woltz
5.3 STREET ADDRESS	101 Sun Avenue NE
5.4 CITY-ST-ZIP	Albuquerque NM 87109
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Michael T. Berg
6.3 STREET ADDRESS	101 Sun Avenue NE
6.4 CITY-ST-ZIP	Albuquerque NM 87109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: **Michael T. Berg**
Assistant Secretary 2-4-98 505/821-3355

CR2E034 (1097)