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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90107 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H80334

1. Corporation Name

MEDIPLEX MANAGEMENT OF PORT ST. LUCIE, INC.



Principal Place of Business

101 SUN AVE NE
ALBUQUERQUE NM 87109
US

Mailing Address

LEGAL DEPARTMENT
101 SUN AVE NE
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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 101 Sun Avenue NE

22 City & State

27 Suite, Apt. #, etc.

27 ALB: LEGAL DEPT.

23 Zip Country

28 City & State.

28 ALBUQUERQUE, NM

24 Zip Country

29 87109

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☒ DELETE
NAME ZULAUF, DALE
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Alan J. Zampini
1.3 STREET ADDRESS 101 Sun Avenue NE
1.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE DVP ☐ DELETE
NAME ROBERT D WOLTEL
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE
NAME WARRICK, WILLIAM C.
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MANN, NIKKI J.
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME MICHAEL T BERG
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TV ☐ Change ☒ Addition
6.2 NAME Matthew G. Patrick
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 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, with all other like empowered.

SIGNATURE:

Michael T Berg REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99
Date

(505) 821-3355
Daytime Phone #

CR2E034 (11/98)