

1-24-97 B-665 -C

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

FILED

Jan 24 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54591

(9)

1. Corporation Name

MEDIPLEX MANAGEMENT OF PALM BEACH COUNTY, INC.

Principal Place of Business

101 SUN LANE
ALBUQUERQUE NM 87109
US

Mailing Address

LEGAL DEPT.
101 SUN LANE
ALBUQUERQUE NM 87109-4373
US

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

02/26/1996

4. FEI Number

04-2983837

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 DURING TREE TRAIL	
CITY-ST-ZIP	FRANKTOWN CO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WARRICK, WILLIAM	
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	AS	<input checked="" type="checkbox"/> DELETE
NAME	ZAMPINI, ALAN	
STREET ADDRESS	321 COMMONWEALTH ROAD	
CITY-ST-ZIP	WAYLAND MA	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robert D. Walti	
STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
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	8400 E. Prentice Ave. #1025
1.4 CITY-ST-ZIP	Englewood, CO 80111
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Mark G. Wimer
4.4 CITY-ST-ZIP	565 West Myrtle #240
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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. Mann

TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

505-821-3355

Date

Daytime Phone #

CR2E034 (9/96)