

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 Sun Avenue NE Suite, Apt. #, etc. 22 City & State Albuquerque NM 23 Zip 87109 24 Country USA	2a. Mailing Address 26 101 Sun Avenue NE Suite, Apt. #, etc. 27 City & State Albuquerque NM 87109 28 Zip 87109 29 Country USA
--	---

3. Date Incorporated or Qualified 01/30/1987	4. FEI Number 04-2983837	Applied For 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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ZULAUF, DALE
STREET ADDRESS	8400 E PRENTICE AVE #1025
CITY-ST-ZIP	ENGELWOOD CO
TITLE	VT
NAME	WARRICK, WILLIAM
STREET ADDRESS	101 SUN LANE
CITY-ST-ZIP	ALBUQUERQUE NM
TITLE	S
NAME	MANN, NIKKI J.
STREET ADDRESS	101 SUN LANE
CITY-ST-ZIP	ALBUQUERQUE NM
TITLE	D
NAME	WIMER, MARK G
STREET ADDRESS	565 WEST MYRTLE #240
CITY-ST-ZIP	BOISE ID
TITLE	D
NAME	WOLTEL, ROBERT D
STREET ADDRESS	101 SUN LANE NE
CITY-ST-ZIP	ALBUQUERQUE NM
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 Sun Avenue NE
2.4 CITY-ST-ZIP	Albuquerque NM 87109
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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
6.3 STREET ADDRESS	Michael T. Berg
6.4 CITY-ST-ZIP	101 Sun Avenue NE
	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)(f), 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 (10/97)