

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90108 049 ***150.00

DOCUMENT # **J54591**

1. Corporation Name

MEDIPLEX MANAGEMENT OF PALM BEACH COUNTY, INC.

Principal Place of Business

101 SUN AVE. NE
ALBUQUERQUE NM 87109
US

Mailing Address

101 SUN AVE. NE
101 SUN LANE
ALBUQUERQUE NM 87109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

4. FEI Number

04-2983837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 **ATTN: LEGAL DEPT.**

23 Zip

Country

28 Zip

Country

24

25

29 **87109**

30

U.S.

9. Name and Address of Current Registered Agent

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

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 checked="" type="checkbox"/> DELETE
NAME	ZULAUF, DALE	
STREET ADDRESS	8400 E PRENTICE AVE #1025	
CITY-ST-ZIP	ENGELWOOD CO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WARRICK, WILLIAM	
STREET ADDRESS	101 SUN AVE. NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, NIKKI J.	
STREET ADDRESS	101 SUN AVE. NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN AVE. NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLTEL, ROBERT D	
STREET ADDRESS	101 SUN AVE. NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MICHAEL T. BERG	
STREET ADDRESS	101 SUN AVE. NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Alan J. Zampini
1.3 STREET ADDRESS	101 Sun Avenue NE
1.4 CITY-ST-ZIP	ALBUQUERQUE, NM 87109
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

(505) 821-3355

Daytime Phone #

CR2F034 (11/98)