FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:45

DOCUMENT # **J81316** (8)

1. Corporation Name
MED SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
5012 W LEMON ST ~~PO BOX 280060~~ TAMPA FL 33609	~~5012 W LEMON ST~~ ~~PO BOX 280060~~ ~~TAMPA FL 33609~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987	3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2833882	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 280059
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Tampa, FL
24 Zip / 25 Country	29 Zip 33682 / 30 Country USA

9. Name and Address of Current Registered Agent

JENNER, GEORDIE
5012 W. LEMON ST
TAMPA FL 33609

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VP~~ S	11 TITLE	S	☒ Change ☐ Addition
NAME	KANOWITZ, LYNN	12 NAME		
STREET ADDRESS	14550 BRUCE B DOWNS	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	P, T	21 TITLE	P,T	☒ Change ☐ Addition
NAME	JENNER, GEORGE	22 NAME		
STREET ADDRESS	14535 BRUCE B DOWNS #224	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 12 if changed or added to the report or on an attachment with an address.

SIGNATURE: Lynn Kanowitz LYNN KANOWITZ 1-11-95 813-282-0077
SIGNATURE AND PRINTED OR TYPED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0294489 CP