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Feb 25, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J99407

1. Corporation Name  
MEDFACTS, INC.



Principal Place of Business  
7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126

Mailing Address  
7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/23/1987

4. FEI Number  
65-0074627

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 MEDFACTS INC.  
22 7205 NW 19TH STREET  
23 SUITE 505  
24 MIAMI, FLORIDA 33126

26 Suite MEDFACTS INC.  
27 7205 NW 19TH STREET  
28 SUITE 505  
29 MIAMI, FLORIDA 33126

25 Country USA

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATHAM, W. BRYAN  
7400 N.W. 19TH ST.  
SUITE H  
MIAMI FL 33126

81 Name W. BRYAN LATHAM  
82 Street Address (P.O. Box Number is Not Acceptable) 7205 NW 19th St  
83 Suite 505  
84 City Miami FL 85 Zip Code 33126

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 *W. Bryan Latham*

(NOTE: Registered Agent signature required when reinstating)

1/6/98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO  DELETE  
NAME LATHAM, W B  
STREET ADDRESS 7400 N.W. 19TH ST.  
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE  Change  Addition  
1.2 NAME LATHAM, W B  
1.3 STREET ADDRESS 7205 NW 19th St #505  
1.4 CITY-ST-ZIP Miami, FL 33126

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  Change  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: *W. Bryan Latham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98  
Date  
305 594 4010  
Daytime Phone #

CR2E034 (11/98)