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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K04157 (9)

1. Corporation Name
DATAMED FORMS & SOFTWARE, INC.



Principal Place of Business
9960 CENTRAL PARK BLVD.
SUITE 404
BOCA RATON FL 33428
US

Mailing Address
9960 CENTRAL PK BLVD
SUITE 404
BOCA RATON FL 33428-1761
US

3. Date Incorporated or Qualified 11/25/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 9960 Central Park Blvd.
Suite, Apt. #, etc. Ste 301

22 City & State BOCA RATON FL

23 Zip 33428 Country USA

24 33428 25 USA

4. FEI Number 65-0036909
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, ELIZABETH C.
9960 CENTRAL PARK BLVD.
SUITE 404 301 See 2.
BOCA RATON FL 33428

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
NAME GARCIA, ANGEL M
STREET ADDRESS 9960 CENTRAL PARK BLVD., STE. 404
CITY-ST-ZIP BOCA RATON FL

TITLE ST
NAME MITCHELL, ELIZABETH
STREET ADDRESS 9960 CENTRAL PARK BLVD., STE. 404
CITY-ST-ZIP BOCA RATON FL

TITLE V
NAME GARCIA, CONRAD B.
STREET ADDRESS 9960 CENTRAL PARK BLVD., STE. 404
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 Angel M. Garcia, 404 1 9/24/97 3:48 PM

CR2E034 (9/96)