

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21680** (8)
1. Corporation Name
MEDICAL RECORD SERVICES, INC.

Principal Place of Business P. O. BOX 7218 PT. ST. LUCIE FL 34985	Mailing Address P. O. BOX 7218 PT. ST. LUCIE FL 34985
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1989

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2969290 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAY, ALISSA Y.
1969 MICHELANGELO AVE.
PT. ST. LUCIE FL 34953**

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

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PT	LAY, ALISSA Y.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1969 MICHELANGELO AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	14 CITY-ST-ZIP	
V	LAY, DAVID R.	21 TITLE	22 NAME
STREET ADDRESS	4485 SW BABYLON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	24 CITY-ST-ZIP	
S	WARD, DON	31 TITLE	32 NAME
STREET ADDRESS	WOLFE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	34 CITY-ST-ZIP	
		41 TITLE	42 NAME
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	52 NAME
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	62 NAME
		63 STREET ADDRESS	
		64 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.

SIGNATURE:

Alissa Y. Lay, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 561-340-4505
Date Daytime Phone # 0495065

CR2E034 (10/97)