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

APPROVED AND FILED
95 APR 18 PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22921** **(5)**

1. Corporation Name
MEDNEXT INC.

Principal Place of Business	Mailing Address
2000 AVE "P" STE 8 RIVIERA BCH FL 33404 US	2000 APT "P" STE 8 RIVIERA BCH FL 33404 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 2000 Ave "P"
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0157562 ☐ 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

WILLASON, STEWART
2000 AVE "P"
STE 8
RIVIERA BCH FL 33404

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WILLASON, STEWART	12 NAME		
STREET ADDRESS	2400 WILSEE RD	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	MICKEL, THOMAS	22 NAME		
STREET ADDRESS	12566 OLD INDIANTOWN RD	23 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	REARLESS, S J MD	32 NAME	Pearless	
STREET ADDRESS	1501 NW 9TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	PETROU, Z	42 NAME	Delete no longer Director	
STREET ADDRESS	2204 MONTELLA AVE	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	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)(k), 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: Stewart Willason 4/13/95 (407) 863-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436370 FP