

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # L22921 (5)

1. Corporation Name
MEDNEXT INC.

Principal Place of Business

2000 AVE "P"
STE 8
RIVERA BCH FL 33404
US

Mailing Address

2000 APT "P"
2000 AVE "P"
RIVERA BCH FL 33404
US

2. Principal Place of Business

21 5490 Dexter Way
Suite, Apt. #, etc.

22 City & State
West Palm Beach FL

23 Zip Country
33407-2219 U.S.

24 33407-2219 25 U.S.

2a. Mailing Address

26 5490 Dexter Way
Suite, Apt. #, etc.

27 City & State
West Palm Beach FL

28 Zip Country
33407-2219 U.S.

29 33407-2219 30 U.S.

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/12/1989

3a. Date of Last Report
04/18/1995

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5490 Dexter Way

83

84 City
West Palm Beach

FL

85 Zip Code
33407

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 *Stewart Willason*
Signature and typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
WILLASON, STEWART
STREET ADDRESS
2400 WILSEE RD
CITY, ST, ZIP
PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME
MICKEL, THOMAS
STREET ADDRESS
12566 OLD INDIANTOWN RD
CITY, ST, ZIP
JUPITER FL

TITLE ☐ DELETE

NAME
PEERLESS, S J MD
STREET ADDRESS
1501 NW 9TH AVE
CITY, ST, ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (407) 863-8118
Date Daytime Phone #

CP2E034 (12/95)