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 -7 AM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M78170** (1)

1. Corporation Name
MEDWATCH INC.

Principal Place of Business	Mailing Address
C/O LYNN H. JENNINGS 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY FL 32707	C/O LYNN H. JENNINGS 101 SUNNYTOWN ROAD, SUITE 201 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2884658 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 120 INTERNATIONAL PKWY	26 PO BOX 952679
22 Suite, Apt. #, etc.: SUITE 170	27 Suite, Apt. #, etc.:
23 City & State: LAKE MARY FL	28 City & State: LAKE MARY FL
24 Zip: 32746 — 25 Country:	29 Zip: 32795 — 30 Country:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENNINGS, LYNN H. 101 SUNNYTOWN ROAD SUITE 201 CASSELBERRY FL 32707	81 Name: LYNN JENNINGS 82 Street Address (P.O. Box Number is Not Acceptable): 120 INTERNATIONAL PARKWAY 83 SUITE 170 84 City: LAKE MARY FL 85 Zip Code: 32746

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] DATE March 20, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☒ Change ☐ Addition
NAME	LAURIE, LAURA L.	1.2 NAME	Delete
STREET ADDRESS	164 RIDGE LAKE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE COMO FL	1.4 CITY-ST-ZIP	
TITLE	DPST	2.1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, LYNN H.	2.2 NAME	
STREET ADDRESS	1001 FERNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GARBER, JUDITH A.	3.2 NAME	
STREET ADDRESS	1001 FERNE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	KIRKPATRICK, JAMES H.	4.2 NAME	Delete
STREET ADDRESS	1250 LANCELOT WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	BRYANT, BARBARA A.	5.2 NAME	Delete
STREET ADDRESS	1235 BAY POINT COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1995 — Date
407-333-8166 — Daytime Phone #

0037376 CP