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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

May 29 1996 8:00 am

Secretary of State

DOCUMENT # **N95000002939**  
1. Corporation Name  
**SOUTH FLORIDA MEDICAL DIGESTS, INC.**

Principal Place of Business Mailing Address  
**3801 No. FEDERAL HWY  
POMPANO BEACH, FL  
33074** **P.O. BOX 50011  
POMPANO BEACH,  
FL 33074**

3. Date Incorporated or Qualified **JUNE 20, 1995** 3a. Date of Last Report **JUNE 20, 1995**

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 <b>65-0601903</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **JOHN GAUDIOSI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2658 KELLEY BROOKE LANE**  
83 **DEERFIELD BEACH,**  
84 City **FL** 85 Zip Code **33442**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **John Gaudiosi**

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 <b>DIR.</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>JOHN GAUDIOSI</b> <input type="checkbox"/> DELETE <b>PRES. - TREASURER</b> <b>P.O. BOX 5369</b> <b>POMPANO BCH. FL. 33074</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DIR.</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ELISA GAUDIOSI</b> <input type="checkbox"/> DELETE <b>ASST. SECRETARY</b> <b>8888 N.W. 3RD. CT.</b> <b>CORAL SPRINGS, FL. 33071</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DIR.</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>JOYCE GAUDIOSI</b> <input type="checkbox"/> DELETE <b>SECRETARY</b> <b>2525 CARAMBOLA CIRCLE, NO.</b> <b>COCOA CREEK, FL 33065</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DIR.</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHRISTINE SEAMAN</b> <input type="checkbox"/> DELETE <b>3665 WINKLER AVE. # 1311</b> <b>FORT MEYERS, FL 33916</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John Gaudiosi** **JOHN GAUDIOSI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 20, 1996** **954/831-7839**

Date Time Phone #

CR2E037 (12/95)