

FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002939 (5)**

1. Corporation Name

SOUTH FLORIDA MEDICAL DIGESTS, INC.

Principal Place of Business

Mailing Address

**3901 N. FEDERAL HWY.
POMPANO BEACH FL 33074**

**P.O. BOX 5369
POMPANO BEACH FL 33074-05369**



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1995		3a. Date of Last Report 05/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0601903		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUDIOSI, JOHN

~~2030 KELLEY BROOKE LANE
DEERFIELD BEACH FL 33442~~

**P.O. Box 5369
3801 NO. FEDERAL
POMPANO BEACH,
FL 33074**

81 Name

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

83

84 City

FL

85 Zip Code

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

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	PXD	<input type="checkbox"/> DELETE		1.1 TITLE	ALICE GORDIN / D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDIOSI, JOHN			1.2 NAME	1700 SE 2ND AVE.		
STREET ADDRESS	P.O. BOX 5369			1.3 STREET ADDRESS	DEERFIELD BEACH, FL 33441		
CITY-ST-ZIP	POMPANO BEACH FL 33074			1.4 CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		2.1 TITLE	CHRISTINE SEAMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDIOSI, ELISA DESIDERIO			2.2 NAME	2525 CARAMBOLA CIRCLE NO.		
STREET ADDRESS	8888 N.W. 3RD CT.			2.3 STREET ADDRESS	COCONUT CREEK, FL 33065		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	ELISA DESIDERIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUDIOSI, JOYCE			3.2 NAME	2525 CARAMBOLA CIRCLE N		
STREET ADDRESS	2525 CARAMBOLA CIRCLE N.			3.3 STREET ADDRESS	COCONUT CREEK, FL 33065		
CITY-ST-ZIP	COCONUT CREEK FL 33065			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	RICHARD KIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEAMAN, CHRISTINE			4.2 NAME	3801 NO. FEDERAL HWY		
STREET ADDRESS	3805 WINKLER AVE. #1011			4.3 STREET ADDRESS	P.O. BOX 5369		
CITY-ST-ZIP	FORT MYERS FL 33916			4.4 CITY-ST-ZIP	POMPANO BEACH FL 33074		
TITLE	T RICHARD KIP	<input type="checkbox"/> DELETE		5.1 TITLE	FRED BELLIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3801 NO. FEDERAL HWY			5.2 NAME	P.O. BOX 5369		
STREET ADDRESS	3801 NO. FEDERAL HWY			5.3 STREET ADDRESS	3801 NO. FEDERAL HWY		
CITY-ST-ZIP	POMPANO BEACH FL 33074			5.4 CITY-ST-ZIP	POMPANO BEACH FL 33074		
TITLE	FRED BELLIS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3801 NO. FEDERAL HWY			6.2 NAME			
STREET ADDRESS	P.O. BOX 5369			6.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33074			6.4 CITY-ST-ZIP			

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

JOHN GAUDIOSI

CR2E037 (9/96)

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6/13/97

June 10, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SUBJECT: SOUTH FLORIDA MEDICAL DIGESTS, INC.
Ref. Number: N95000002939

Dear Sir/Madam:

I am herewith resubmitting the Corporation document for South Florida Medical Digests, Inc, with the following corrections in the list of officers:

JOHN GAUDIOSI - President/Director
3801 N. Federal Highway
P.O. Box 5369
Pompano Beach FL 33074

JOYCE GAUDIOSI - Secretary/Director
2525 Carambola Circle N.
Coconut Creek, FL 33065


RICHARD KIP - Treasurer/Director
3801 N. Federal Highway
P.O. Box 5369
Pompano Beach FL 33074

CHRISTINE SEAMAN- Director
2525 Carambola Circle N.
Coconut Creek, FL 33065

ALICE GORDIN - Director
1200 SE 2nd Avenue
Deerfield Beach, FL 33441

FRED BELLIS - Director
3801 North Federal Highway
P.O. Box 5369
Pompano Beach, FL 33074

Thank You.


John Gaudiosi
President