

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11619** (4)  
1. Corporation Name  
**MEDVEST CORPORATION**

Principal Place of Business <b>725 TALAMORE DR. P. O. BOX 2002 AMBLER PA 19002</b>	Mailing Address <b>725 TALAMORE DR. P. O. BOX 2002 AMBLER PA 19002</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1986</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-2426478</b>		Applied For 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	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTELL, NICHOLAS V</b>	1.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUCKWORTH, W. JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTA, DAVID DELLA</b>	3.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, HAROLD M</b>	4.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALOOMIAN, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JAMES A III</b>	6.2 NAME	
STREET ADDRESS	<b>725 TALAMORE DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMBLER PA 19002</b>	6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

James A. Smith, III

CR2E034 (10/97)