

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

DOCUMENT # P25418 (5)

1. Corporation Name

MEDNET OF THE PALM BEACHES INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:36

Principal Place of Business

P.O. BOX 16180
WEST PALM BEACH FL 33416

Mailing Address

P.O. BOX 16180
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/31/1989** 3a. Date of Last Report **11/18/1994**

4. FEI Number **65-0123747** 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. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ABERGER, STEVEN
18745 W. JENNY LANE
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

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 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, typed, printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABERGER, STEVEN
STREET ADDRESS	18745 WEST JENNY LANE
CITY - ST - ZIP	LOXAHATCHEE FL 33470
TITLE	VP
NAME	HESTER, DANNY
STREET ADDRESS	4358 14TH ROAD SOUTH
CITY - ST - ZIP	WEST PALM BEACH FL 33406
TITLE	VP
NAME	TOTZ, RON
STREET ADDRESS	8370 N. MIZZEN DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	VP
NAME	FAGON, JOHN
STREET ADDRESS	149 PLANTATION BLVD.
CITY - ST - ZIP	LAKE WORTH FL 33487
TITLE	VP
NAME	BINN, ARNOLD
STREET ADDRESS	4653 GROVE STREET
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	
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	16745 W. JENNY LANE
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	FAGAN
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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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)

Date

Daytime Phone #