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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:59

DOCUMENT # **P26507** **(4)**

1. Corporation Name
MDIPH, INC.

Principal Place of Business	Mailing Address
C/O ORG. SERV., INC. 3411 SILVERSIDE RD., 103 SPRINGER BLDG. WILMINGTON DE 19810	C/O ORG. SERV., INC. 3411 SILVERSIDE RD., 103 SPRINGER BLDG. WILMINGTON DE 19810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1989**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 **C/O CT COMPANY**	26 **C/O CT COMPANY**
Suite, Apt. #, etc. 22 **1209 ORANGE STREET**	Suite, Apt. #, etc. 27 **1209 ORANGE STREET**
City & State 23 **WILMINGTON, DE**	City & State 28 **WILMINGTON, DE**
Zip / Country 24 **19801** / 25 **USA**	Zip / Country 29 **19801** / 30 **USA**

4. FEI Number: **22-3024886** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	JO SURPIN	☒ Change ☐ Addition
NAME	OWINGS, J. THOMAS	12 NAME		
STREET ADDRESS	ONE MEDIQ PLAZA	13 STREET ADDRESS	ONE MEDIQ PLAZA	
CITY-ST-ZIP	PENNSAUKEN NJ	14 CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	SCHLOSS, EUGENE M.	22 NAME		
STREET ADDRESS	ONE MEDIQ PLAZA	23 STREET ADDRESS		
CITY ST ZIP	PENNSAUKEN NJ	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	LAWLOR, MARK	32 NAME		
STREET ADDRESS	ONE MEDIQ PLAZA	33 STREET ADDRESS		
CITY ST ZIP	PENNSAUKEN NJ	34 CITY ST ZIP		
TITLE	CFO	41 TITLE	CFO/V/D	☒ Change ☐ Addition
NAME	SANDLER, MICHAEL F.	42 NAME		
STREET ADDRESS	1 MEDIQ PLAZA	43 STREET ADDRESS		
CITY ST ZIP	PENNSAUKEN NJ	44 CITY ST ZIP		
TITLE		51 TITLE	AS	☐ Change ☒ Addition
NAME		52 NAME	ALAN S. EINHORN	
STREET ADDRESS		53 STREET ADDRESS	ONE MEDIQ PLAZA	
CITY ST ZIP		54 CITY ST ZIP	PENNSAUKEN, NJ 08110	
TITLE		61 TITLE	AS	☐ Change ☒ Addition
NAME		62 NAME	STEVEN J. PEDER	
STREET ADDRESS		63 STREET ADDRESS	ONE MEDIQ PLAZA	
CITY ST ZIP		64 CITY ST ZIP	PENNSAUKEN, NJ 08110	

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)(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: L. Mukaf Snader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95
Date

(609) 665-9300
Daytime Phone Number

0486143 FN