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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

MEDICAL RECORDS CORP.

(1)

FILED Mar 31 1998 8:00am Secretary of State



! 							
Principal Place of Business Mailing Address						41511 61611 61511 6161	4 61811 1981
3637 GREEN ROAD 3637 GREEN ROAD							
CLEVELAND OH 44122 CLEVELAND OH 44122					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	ITIIS SPACE	
					01/17/1990		
	lace of Business	2a. Mailing Address			4. FEI Number	TAE	plied For
	40 CHALRIN BLUD 26 23240 Chall			U BLUD	34-1007746	No	t Applicable
Suite, Apt.				7.77	5. Certificate of Status Desired	\$8.75	Additional
	400 27 400				G. Certificate of Status Desired	Fee Re	equired
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be		
23 <u>C) (</u>	(ELAND OH 10	28 CLEVELAND OHIO				Added to Fees	
24	122 25 CUYAHOGA	Haring As H	^	y A HOSA	8. This corporation owes or has paid th		
	g. Name and Address of Current			y milesin	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.		No
CŤ	CORPORATION SYSTEM		6	1 Name	10. Herrio Brita Addition of Hear Hoyse	oren Ageric	
1200 S. PINE ISLAND ROAD							
PLANTATION FL 33324				2 Street Addr	Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City		85 Zip 0	Code
44 0				•		FL `	
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. Hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.							
SIGNATURE Signature: typed or printed name of registered agent and title 4 agriculable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	gent signature requiri	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE	1	ADDITIONS/OHANGES TO OTTICENC	Change	Addition
NAME	Samek, Edward		1.2 NAMI	:			
STREET ADDRESS	6201 POWERS FERRY ROAD (P250	13 STRE	ET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339		1.4 City	ST-ZIP	•		
TITLE	V	DELETE	2.1 TITLE			Change	Addition
NAME	BELL, STEVEN		2.2 NAM	:			
STREET ADDRESS	3637 GREEN ROAD		2.3 STAE	ET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44122		2 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	:			ľ
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY+ST-ZIP			3.4. CITY				
TITLE	.		4.1 TITLE			Change	Addition
NAME COREST ADDRESS			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE			Change	Addition
NAME		C occur	5.1 THEE	i		L. Change	☐ Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.3 STHE				
TITLE		DELETE	6.1 TITLE	31-211		Change	Addition
NAME			6.2 NAME			Onunge	radiiion
STREET ADDRESS				T ADDRESS			-
CITY-ST-ZIP			6.4 CITY-				
	ertify that the information supplied with	this filing does not qualify for			Section 119 07/3Vi) Florida Statutos I furth		information.

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplied that manual 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 partial and address.

SIGNATURE:

2/4/00 (216) 404-2247