

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90192 015 \*\*\*150.00

DOCUMENT # **P27754**

1. Corporation Name  
**MEDICAL RECORDS CORP.**



Principal Place of Business

23240 CHAGRIN BLVD  
SUITE 400  
CLEVELAND OH 44122  
US

Mailing Address

23240 CHAGRIN BLVD  
SUITE 400  
CLEVELAND OH 44122  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1990

4. FEI Number

34-1007746

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5 Greentree Center  
Suite, Apt. #, etc.

2a. Mailing Address

26 5 Greentree Center  
Suite, Apt. #, etc.

22 Suite 311

27 Suite 311

23 Marlton NJ

28 Marlton NJ

24 08053 25 USA

29 08053 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SAMEK, EDWARD  
STREET ADDRESS 6201 POWERS FERRY ROAD #250  
CITY-ST-ZIP ATLANTA GA 30339  
☒ DELETE

TITLE V  
NAME BELL, STEVEN  
STREET ADDRESS 3637 GREEN ROAD  
CITY-ST-ZIP CLEVELAND OH 44122  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME John A. Donohoe  
1.3 STREET ADDRESS 5 Greentree Center, Suite 311  
1.4 CITY-ST-ZIP Marlton, NJ 08053

2.1 TITLE Secretary ☐ Change ☒ Addition  
2.2 NAME John M. Sander  
2.3 STREET ADDRESS 5 Greentree Center, Suite 311  
2.4 CITY-ST-ZIP Marlton, NJ 08053

3.1 TITLE Treasurer ☐ Change ☒ Addition  
3.2 NAME John R. Emery  
3.3 STREET ADDRESS 5 Greentree Center, Suite 311  
3.4 CITY-ST-ZIP Marlton, NJ 08053

4.1 TITLE VP & Controller ☐ Change ☒ Addition  
4.2 NAME Bruce Van Fossen  
4.3 STREET ADDRESS 5 Greentree Center, Suite 311  
4.4 CITY-ST-ZIP Marlton, NJ 08053

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *B. Van Fossen* VP & Controller

4/22/99

609 596-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)