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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90001 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P31455

1. Corporation Name

MEDICAL EXPRESS OF COLORADO, INC.

Principal Place of Business

**1650 38TH STREET
STE. 101E
BOULDER CO 80301**

Mailing Address

**1650 38TH STREET
STE. 101E
BOULDER CO 80301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1990

4. FEI Number

84-1011067

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

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 **PD / Director** ☐ DELETE
NAME **JOHNSON, TODD E.**
STREET ADDRESS **2868 LAKERIDGE TR.**
CITY-ST-ZIP **BOULDER CO 80304**

TITLE **V Pres** ☐ DELETE
NAME **JOHNSON, DEBORAH T.**
STREET ADDRESS **2868 LAKERIDGE TR.**
CITY-ST-ZIP **BOULDER CO 80304**

TITLE **Director** ☐ DELETE
NAME **Steven Francis**
STREET ADDRESS **17202 Circa Del Sur**
CITY-ST-ZIP **Rancho Santa Fe, CA 92067**

TITLE **Director** ☐ DELETE
NAME **James Conroy**
STREET ADDRESS **1531 Cross Highway**
CITY-ST-ZIP **Fairfield, CT 06430**

TITLE **Director** ☐ DELETE
NAME **L David Cardenas**
STREET ADDRESS **44 Ferguson Drive**
CITY-ST-ZIP **Fairfield, CT 06430**

TITLE **Director** ☐ DELETE
NAME **L David Cardenas**
STREET ADDRESS **44 Ferguson Drive**
CITY-ST-ZIP **Fairfield, CT 06430**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

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:

Todd E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/99 305/449-7470

CR2E034 (11/98)