SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUL -6 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32308 (9)

1. Corporation Name
MEDIFAX, INC.

Mailing Address
~~4500 COLLEGE BLVD #110~~
~~OVERLAND PARK KS 66211~~

Principal Place of Business
~~4500 COLLEGE BLVD #110~~
~~OVERLAND PARK KS 66211~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 2700 CUMBERLAND PKWY.	26 2700 CUMBERLAND PKWY.
22 Suite, Apt. #, etc. 510	27 Suite, Apt. #, etc. 510
23 City & State ATLANTA, GA.	28 City & State ATLANTA, GA
24 Zip 30339 / 25 Country COBB	29 Zip 30339 / 30 Country COBB

3. Date Incorporated or Qualified: 12/05/1990
3a. Date of Last Report: 04/28/1993
4. FEI Number: 43-1235123 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, 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		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	~~O/E/O~~	1 1 TITLE	CHAIRMAN
1 2 NAME	DAYANI, JOHN H.	1 2 NAME	
1 3 STREET ADDRESS	3516 W. 101ST TERRACE	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	LEAWOOD KS	1 4 CITY-ST-ZIP	
2 1 TITLE	~~O/E/O~~	2 1 TITLE	CFO
2 2 NAME	~~STEINMEIDER JIM~~	2 2 NAME	HAINES H. HARGRETT
2 3 STREET ADDRESS	~~10752 LARSEN~~	2 3 STREET ADDRESS	4620 CLUB VALLEY DR.
2 4 CITY-ST-ZIP	~~OVERLAND PARK KS~~	2 4 CITY-ST-ZIP	ATLANTA, GA 30319
3 1 TITLE	V	3 1 TITLE	
3 2 NAME	BOLT, ANDREW	3 2 NAME	
3 3 STREET ADDRESS	12819 LUCILLE	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	O.P KS	3 4 CITY-ST-ZIP	
4 1 TITLE		4 1 TITLE	CEO & PRESIDENT
4 2 NAME	KLINGER CHARLES A	4 2 NAME	
4 3 STREET ADDRESS	890 POWERS DRIVE	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	ATLANTA GA	4 4 CITY-ST-ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Haines Hargrett — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6/29/94