

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32308 (9)

1. Corporation Name

MEDIFAX, INC.



Principal Place of Business

6201 POWERS FERRY RD
SUITE 250
ATLANTA GA 30339
US

Mailing Address

6201 POWERS FERRY RD
SUITE 250
ATLANTA GA 30339
US

3. Date Incorporated or Qualified
12/05/1990

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent, if not in Florida, etc.

Signature, typed or printed name of registered agent, if not in Florida, etc.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME DAYAI, JOHN H
STREET ADDRESS 3516 W. 101ST TERRACE
CITY-ST-ZIP LEAWOOD KS

TITLE ☐ DELETE

CFO
NAME HAINES, H HARGRETT
STREET ADDRESS 4620 CLUB VALLEY DR
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

PC
NAME KLINGER, CHARLES A
STREET ADDRESS 890 POWERS DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

V
NAME BOLT, ANDREW
STREET ADDRESS 12819 LUCILLE
CITY-ST-ZIP O.P. KS

TITLE ☐ DELETE

D
NAME ANDERSON, BRUCE K
STREET ADDRESS 200 LIBERTY STE #3601
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

D
NAME SCHAFER, DERACE M
STREET ADDRESS 148 OAK LANE
CITY-ST-ZIP ROCHESTER NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

CSD
1.2 NAME Dayani, John H.
1.3 STREET ADDRESS 2100 West End Ave, Suite 635
1.4 CITY-ST-ZIP Nashville, GA 37203-5222

2.1 TITLE ☒ Change ☐ Addition

S/T
2.2 NAME Hargrett, Haines H.
2.3 STREET ADDRESS 6201 Powers Ferry Road, Suite 250
2.4 CITY-ST-ZIP Atlanta, GA 30339

3.1 TITLE ☐ Change ☒ Addition

P/D
3.2 NAME Samek, Edward L.
3.3 STREET ADDRESS 6201 Powers Ferry Road, Suite 250
3.4 CITY-ST-ZIP Atlanta, GA 30339

4.1 TITLE ☐ Change ☒ Addition

V
4.2 NAME Mills, Jim
4.3 STREET ADDRESS 6201 Powers Ferry Road, Suite 250
4.4 CITY-ST-ZIP Atlanta, GA 30339

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

200001810512

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

-05/07/96--01022--084
***200.00

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)(k), Florida Statutes. I further certify that the information indicated in 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:

Sam Hargrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

(770) 953 4475

CR2E034 (12/95)