SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

REINSTATEMENT 97

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

LR 10/31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 PM 12:45

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 23240 Chagrin Blvd
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Cleveland OH
Zip 24 44122 Country 25 USA

2a. Mailing Address
26 23240 Chagrin Blvd
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Cleveland OH
Zip 29 44122 Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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, 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 Dale W. Morris — Dale W. Morris, Asst. Vice President — 10-24-97
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAYAI, JOHN H	1.2 NAME	700002336367--7
STREET ADDRESS	2100 WEST END AVE, SUITE 635	1.3 STREET ADDRESS	-11/03/97--01100--022
CITY-ST-ZIP	NASHVILLE GA 37203-5222	1.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE	TS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAINES, H HARGRETT	2.2 NAME	
STREET ADDRESS	6201 POWERS FERRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMEK, EDWARD L	3.2 NAME	
STREET ADDRESS	6201 POWERS FERRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, JIM	4.2 NAME	
STREET ADDRESS	6201 POWERS FERRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BRUCE K	5.2 NAME	
STREET ADDRESS	200 LIBETY STE #3601	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHAFFER, DERACE M	6.2 NAME	
STREET ADDRESS	148 OAK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE [illegible] 10-6-97