**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
REINSTATEMENT 1997
ANNUAL REPORT
1997

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

LA 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 | Mailing Address |
|---|---|
| ~~6201 POWERS FERRY RD~~<br>~~SUITE 250~~<br>~~ATLANTA GA 30339~~<br>US | ~~6201 POWERS FERRY RD~~<br>~~SUITE 250~~<br>~~ATLANTA GA 30339~~<br>US |

DO NOT WRITE IN THIS SPACE

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 23240 Chagrin Blvd | 26 23240 Chagrin Blvd |
| Suite, Apt. #, etc.<br>22 Suite 400 | Suite, Apt. #, etc.<br>27 Suite 400 |
| City & State<br>23 Cleveland OH | City & State<br>28 Cleveland OH |
| Zip 24 44122 Country 25 USA | Zip 29 44122 Country 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 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] 10-24-97