

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32308 (9)

1. Corporation Name
MEDIFAX, INC.

Principal Place of Business
23240 CHAGRIN BLVD
SUITE 400
CLEVELAND OH 44122
US

Mailing Address
23240 CHAGRIN BLVD
SUITE 400
CLEVELAND OH 44122
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1990	4. FEI Number 43-1235123
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

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. City	
84. Zip Code	FL

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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CFD
NAME	DAYAI, JOHN H	1.2 NAME	Steven Bell
STREET ADDRESS	2100 WEST END AVE, SUITE 635	1.3 STREET ADDRESS	23240 Chagrin Blvd #400
CITY-ST-ZIP	NASHVILLE GA 37203-5222	1.4 CITY-ST-ZIP	Cleveland, OH 44122
TITLE	TS	2.1 TITLE	
NAME	HAINES, H MARGRETT	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	3.1 TITLE	
NAME	SAMEK, EDWARD L	3.2 NAME	
STREET ADDRESS	6201 POWERS FERRY RD	3.3 STREET ADDRESS	23240 Chagrin Blvd #400
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	Cleveland, OH 44122
TITLE	V	4.1 TITLE	
NAME	MILLS, JIM	4.2 NAME	
STREET ADDRESS	6201 POWERS FERRY RD	4.3 STREET ADDRESS	23240 Chagrin Blvd #400
CITY-ST-ZIP	ATLANTA GA 30339	4.4 CITY-ST-ZIP	Cleveland, OH 44122
TITLE	D	5.1 TITLE	
NAME	ANDERSON, BRUCE K	5.2 NAME	
STREET ADDRESS	200 LIBERTY STE #3601	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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	

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 supplementary 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:

Steven Bell

3/25/98

CR2E034 (10/97)