

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90192 017 ***150.00

DOCUMENT # P32308

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

2. Principal Place of Business

21 1333 Gateway Drive
Suite, Apt. #, etc.

22 Suite 1004

23 Melbourne FL

24 32901 25 USA

2a. Mailing Address

26 5 Greentree Center
Suite, Apt. #, etc.

27 Suite 311

28 Marlton NJ

29 08053 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1990

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFO
NAME BELL, STEVE
STREET ADDRESS 23240 CHAGRIN BLVD, #400
CITY-ST-ZIP CLEVELAND OH 44122 ☒ DELETE

TITLE PD
NAME SAMEK, EDWARD L
STREET ADDRESS 23240 CHAGRIN BLVD, #400
CITY-ST-ZIP CLEVELAND OH 44122 ☒ DELETE

TITLE V
NAME MILLS, JIM
STREET ADDRESS 23240 CHAGRIN BLVD, #400
CITY-ST-ZIP CLEVELAND OH 44122 ☒ DELETE

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME John A. Donohue
1.3 STREET ADDRESS 5 Greentree Center, Suite 311
1.4 CITY-ST-ZIP Marlton, NJ 08053

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME John M. Suender
2.3 STREET ADDRESS 5 Greentree Center, Suite 311
2.4 CITY-ST-ZIP Marlton, NJ 08053

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME John R. Emery
3.3 STREET ADDRESS 5 Greentree Center, Suite 311
3.4 CITY-ST-ZIP Marlton, NJ 08053

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: BV [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

609-596-8177
Daytime Phone #

CR2E034 (11/98)

0524386