FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P33350 (0)

1. Corporation Name
MEDE AMERICA, INC.

Principal Place of Business
333 OVINGTON BLVD.
MITCHELL FIELD NY 11553

Mailing Address
333 OVINGTON BLVD.
MITCHELL FIELD NY 11553

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 90 MERRICK AVE
Suite, Apt. #, etc.
27
City & State
28 EAST MEADOW NY
Zip 29 11554 Country 30 NASSAU

4. FEI Number: 14-1704493 — 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
LORENZ, LAURIE
670 274 YOUNGSTOWN PKWY
ALTAMONTE SPRINGS FL 32714

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. The 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]
Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRES	☑ Change ☐ Addition
NAME	DIAMOND, MITCHELL		1.2 NAME	THOMAS STAUDT	
STREET ADDRESS	1446 MARK DR.		1.3 STREET ADDRESS	161 STEWART LANE	
CITY-ST-ZIP	EAST MEADOW NY		1.4 CITY-ST-ZIP	LAUREL HOLLOW NY 11791	
TITLE	V	☒ DELETE	2.1 TITLE	~~CFO~~	~~☑ Change ☐ Addition~~
NAME	TESSER, JACKIE		2.2 NAME	~~ELIAS NEMNOM~~	
STREET ADDRESS	1446 MARK DR.		2.3 STREET ADDRESS	~~19 HOLMES LANE~~	
CITY-ST-ZIP	EAST MEADOW NY		2.4 CITY-ST-ZIP	~~BELLPORT NY 11713~~	
TITLE	D	☒ DELETE	3.1 TITLE	CFO	☒ Change ☐ Addition
NAME	TITTERTON, LEWIS H.		3.2 NAME	Mr. RICHARD BANKOSKY	
STREET ADDRESS	24 NOTT RD.		3.3 STREET ADDRESS	73 DARTMOUTH ST.	
CITY-ST-ZIP	REXFORD NY		3.4 CITY-ST-ZIP	GARDEN CITY, N.Y. 11530	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

4/29/96 516-542-4500
Date Daytime Phone #