

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
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**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 **90 MERRICK AVE**
27 Suite, Apt. #, etc.
28 **EAST MEADOW NY**
29 Zip
30 **11574 NASSAU**

3. Date Incorporated or Qualified: **03/12/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **14-1704493**
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
85 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, to the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept my obligations under Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DIAMOND, MITCHELL	
STREET ADDRESS	1446 MARK DR.	
CITY-ST-ZIP	EAST MEADOW NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TESSER, JACKIE	
STREET ADDRESS	1446 MARK DR.	
CITY-ST-ZIP	EAST MEADOW NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TITTERTON, LEWIS H.	
STREET ADDRESS	24 NOTT RD.	
CITY-ST-ZIP	REXFORD NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS STAUDT	
1.3 STREET ADDRESS	1612 STEWART LANE	
1.4 CITY-ST-ZIP	LAYRER HOLLOW NY 11791	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIAS NEMINON	
2.3 STREET ADDRESS	19 HOTMBS CANE	
2.4 CITY-ST-ZIP	BEDFORD NY 10506	
3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mr. Richard BANKOSKY	
3.3 STREET ADDRESS	73 DARTMOUTH ST.	
3.4 CITY-ST-ZIP	GARDEN CITY, N.Y. 11530	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attachment to an address.

SIGNATURE: *[Signature]* **4/29/96** 516-542-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Time Phone #

CR2E034 (12/95)