

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40272** (7)

1. Corporation Name  
**THE MEDIPLEX GROUP, INC.**

Principal Place of Business <b>101 SUN LANE ALBUQUERQUE NM 87109 US</b>	Mailing Address <b>LEGAL DEPARTMENT 101 SUN LANE ALBUQUERQUE NM 87109-4373 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>08/31/1992</b>	3a. Date of Last Report <b>02/26/1996</b>	4. FEI Number <b>04-2803133</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	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 <b>FL</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, ANDREW L</b>	1.2 NAME	<b>V.P.</b>
STREET ADDRESS	<b>101 SUN LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARRICK, WILLIAM C</b>	2.2 NAME	<b>V.P.</b>
STREET ADDRESS	<b>101 SUN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P ZULAUF, DALE</b>	3.2 NAME	
STREET ADDRESS	<b>8177 BURNING TREE TRAIL</b>	3.3 STREET ADDRESS	<b>8400 E. Prentice Ave. #1025</b>
CITY-ST-ZIP	<b>FRANKTOWN CO</b>	3.4 CITY-ST-ZIP	<b>Englewood, CO 80111</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AS ZAMPANI, ALAN</b>	4.2 NAME	<b>Director</b>
STREET ADDRESS	<b>321 COMMONWEALTH ROAD</b>	4.3 STREET ADDRESS	<b>Mark G. Wimer</b>
CITY-ST-ZIP	<b>WAYLAND MA</b>	4.4 CITY-ST-ZIP	<b>565 W. Myrtle #240</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MANN, NIKKI J.</b>	5.2 NAME	
STREET ADDRESS	<b>101 SUN LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>V.P. - Director</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Robert D. Walth</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>101 Sun Lane NE</b>
			<b>Albuquerque, NM 87109</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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: *Michael J. M...* 1-13-97 505-821-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)