

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000008703 (9)

1. Corporation Name

MEDX OF GAINESVILLE, INC.

Principal Place of Business

**2830 N.W. 41ST ST.
SUITE F
GAINESVILLE FL 32606**

Mailing Address

**2830 N.W. 41ST ST.
SUITE F
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3163207

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

2. Principal Place of Business

21 4781 NW 8TH AVE

2a. Mailing Address

26 4781 NW 8TH AVE

Suite, Apt. #, etc.

22 GAINESVILLE

Suite, Apt. #, etc.

27 GAINESVILLE, FL

City & State

23 FL

City & State

28 GAINESVILLE, FL

Zip

24 32607

Country

25 ALACHUA

Zip

29 32607

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

**CARPENTER, RONALD A
5608 N.W. 43RD ST.
GAINESVILLE FL 32606**

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 then a signature

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **CIRULLI, JOE**
STREET ADDRESS **2830 N.W. 41 ST.**
CITY - ST - ZIP **GAINESVILLE FL 32606**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(4)(b), 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:

Joseph D. Cirulli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95
DATE

(904) 325-7615
OFFICE PHONE #