

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

DOCUMENT # P93000022580

1. Corporation Name
MEDIFORCE, INC.

Principal Place of Business
580 VILLAGE BLVD., SUITE 160
WEST PALM BEACH, FL 33409
US
10138 LEXINGTON ESTATES BLVD
BOCA RATON, FL 33428

Mailing Address
580 VILLAGE BLVD., SUITE 160
WEST PALM BEACH, FL 33409
US

2. Principal Place of Business
21 10138 LEXINGTON EST.
Suite, Apt. #, etc.

2a. Mailing Address
26 10138 LEXINGTON ESTAT.
Suite, Apt. #, etc.

22 BLVD.

27 BLVD.

23 BOCA RATON, FL
City & State

28 BOCA RATON, FL
City & State

24 33428
Zip

29 33428
Zip

25 PALM BEACH
Country

30 PALM BEACH
Country

9. Name and Address of Current Registered Agent

CONWAY, JEANNE ODOM
580 VILLAGE BLVD.
SUITE 160
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified
03/25/1993

4. FEI Number
65-0443047
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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
COX, MICHAEL F.
82 Street Address (P.O. Box Number is Not Acceptable)
83 10138 LEXINGTON ESTATES BLVD.
84 City
BOCA RATON FL 85 Zip Code
33428

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

(NOTE: Registered Agent signature required when reinstating)

4/15/99
Date

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	RAY, BRADLEY T	
STREET ADDRESS	7105 CATALINA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHILLINGWORTH, CHARLES C	
STREET ADDRESS	580 VILLAGE BLVD., SUITE 160	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BIRMINGHAM, NORMAN J	
STREET ADDRESS	10250 NW 52ND STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FEKETE, HELEN K	
STREET ADDRESS	580 VILLAGE BLVD., SUITE 160	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input checked="" 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C
1.3 STREET ADDRESS	COX, MICHAEL F.
1.4 CITY-ST-ZIP	10138 LEXINGTON ESTATES BLVD. BOCA RATON, FL 33428
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	COX, WILMA
2.4 CITY-ST-ZIP	10138 LEXINGTON ESTATES BLVD. BOCA RATON, FL 33428
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	COX, WILMA
4.4 CITY-ST-ZIP	10138 LEXINGTON ESTATES BLVD. BOCA RATON, FL 33428
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 561-852-7236
Date Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90189 012 ***150.00



DO NOT WRITE IN THIS SPACE

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