

**CORPORATION  
ANNUAL REPORT  
1995**

FLORIDA DEPARTMENT OF STATE  
Brenda B. McInerney  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 3:39**

**DOCUMENT # P93000038643 (1)**

1. Corporation Name  
**MEDICAL ADVANTAGE, INC.**

Principal Place of Business  
**P.O. BOX 1181  
OVIEDO FL 32765**

Mailing Address  
**P.O. BOX 1181  
OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/27/1993** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3186479** 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 has liability for intangible tax under §. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **3452 LAKE LYNN DR.** 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ste 301** 27

City & State

City & State

23 **ORLANDO, FL** 28

Zip

Country

Zip

Country

24 **32817** 25 **USA** 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WITTY, JOHN B  
2345 WESTMINSTER TERRACE  
OVIEDO FL 32765**

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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PTD</b>
NAME	<b>WITTY, JOHN B</b>
STREET ADDRESS	<b>2345 WESTMINSTER TERR</b>
CITY - ST - ZIP	<b>OVIEDO FL 32765</b>
TITLE	<b>VSD</b>
NAME	<b>BARRETT, JOHN C</b>
STREET ADDRESS	<b>1064 CORKWOOD DR</b>
CITY - ST - ZIP	<b>OVIEDO FL 32765</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(3)(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: *John B. Witty, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR  
**John B. Witty**

**4-4-95** **401-282-6131**  
Date Daytime Phone #