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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000061269 (5)**

1. Corporation Name
MEDDATA SYSTEMS, INC.

Principal Place of Business
902 CLINT MOORE RD.
SUITE 208
BOCA RATON FL 33487

Mailing Address
POST OFFICE BOX 81-1330
BOCA RATON FL 33481
US

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 9960 Central Park Blvd
22 Suite/Apt. #, etc.: 404
23 City & State: Boca Raton, Fl.
24 Zip: 33428
25 Country: USA

2a. Mailing Address
26: 9960 Central Park Blvd.
27 Suite/Apt. #, etc.: 404
28 City & State: Boca Raton Fl.
29 Zip: 33428
30 Country: USA

4. FEI Number: **65-0443709** ☐ 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

9. Name and Address of Current Registered Agent

MITCHELL, ELIZABETH C.
9960 CENTRAL PARK BOULEVARD
SUITE 404
BOCA RATON FL 33528

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: Angel M. Garcia MD Angel Garcia MD 4/26/96
Signature, typed or printed name of registered agent, and title, if applicable — NOTE: Registered Agent's signature is required when filing this form — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, A.M. MD 902 CLINT MOORE RD., SUITE 208 BOCA RATON FL ST ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MITCHELL, ELIZABETH 9960 CENTRAL PARK BOULEVARD, SUITE 404 BOCA RATON FL V ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARCIA, CONRAD B. (M.D 9960 CENTRAL PARK BOULEVARD, SUITE 404 BOCA RATON FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: Angel M. Garcia MD Angel Garcia MD 4/26/96 407-368000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #