FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000078440 (3)**

1. Corporation Name

MEDICAL DYNAMICS, INC.

Principal Place of Business

2820 NE 41ST CT
FT LAUDERDALE FL 33308

Mailing Address

2820 NE 41ST CT
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **11/12/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0489993** ☐ 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 was initially for interest tax under s. 199.052, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

WARMAN, SHELDON T
2820 NE 41ST CT.
FT LAUDERDALE FL 33308

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 Section 607.1005, Florida Statutes, this document also serves as the corporation's annual statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Subject to the penalties prescribed by law, the corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICER AND DIRECTOR(S)

TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
WARMAN, SHELDON T MD
2820 NE 41ST CT
FT. LAUDERDALE FL

☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(6)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added.

SIGNATURE: Sheldon T Warman 4/4/96 565-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)