FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003575 (5)**

1. Corporation Name

MEDHLINK SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~4095 SW 137TH AVE~~ ~~SUITE 13~~ ~~MIAMI FL 33175~~	~~4095 SW 137TH AVE~~ ~~SUITE 13~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1994** | 3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 15060 SW 49 LANE	26 15060 SW 49 LANE
22 Suite, Apt. #, etc. SUITE C.	27 Suite, Apt. #, etc. SUITE C
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33185 25 Country USA	29 Zip 33185 30 Country USA

4. FEI Number: 65-0463411 ☐ 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

NEWBY, JACK M JR
15060 SW 49TH LANE
SUITE C
MIAMI FL 33185-4272

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: Jack M. Newby 4-12-95
(Signature, typed or printed name of registered agent and title, if applicable) (PROF. Registered Agent Signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	NEWBY, JACK M JR	12 NAME		
STREET ADDRESS	~~4095 SW 137TH AVE SUITE 13~~	13 STREET ADDRESS	15060 SW 49 Lane, Ste C.	
CITY ST ZIP	~~MIAMI FL 33175~~	14 CITY ST ZIP	Miami, FL 33185	
TITLE	~~DS~~	21 TITLE		☒ Change ☐ Addition
NAME	PEREZ, WENDY	22 NAME	Delete	
STREET ADDRESS	4095 SW 137TH AVE SUITE 13	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33175	24 CITY ST ZIP		
TITLE	DT	31 TITLE		☒ Change ☐ Addition
NAME	NEWBY, MARY	32 NAME		
STREET ADDRESS	~~4095 SW 137TH AVE SUITE 13~~	33 STREET ADDRESS	15060 SW 49 Lane, Suite C	
CITY ST ZIP	~~MIAMI FL 33175~~	34 CITY ST ZIP	Miami, FL 33185	
TITLE	~~DV~~	41 TITLE		☒ Change ☐ Addition
NAME	PEREZ, RAFAEL A	42 NAME	Delete	
STREET ADDRESS	4095 SW 137TH AVE SUITE 13	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33175	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Jack M. Newby 4-11-95 305-226-2804
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0181109 CP