**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

DOCUMENT # **P94000006340 (1)**

1. Corporate Name
**MEDADVANTAGE INC**

Principal Place of Business
6735-E120 MIAMI LAKES DR
MIAMI LAKES FL 33014

Mailing Address
6735-E120 MIAMI LAKES DR.
MIAMI LAKES FL 33014

A LIKE THE CHANGE IN ADDRESS

LIKE THE CHANGE IN ADDRESS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 01/18/1994
3a. Date of Change: 1/18/94

2. Principal Place of Business
21 6735 MIAMI LAKES DR
Suite Apt # or
22 APT E-120
City & State
23 MIAMI FL
24 33014
25 COUNTY

2a. Mailing Address
26 6735 MIAMI LAKES DR
Suite Apt # or
27 APT E-120
City & State
28 MIAMI FL
29 33014
30 COUNTY

4. FEI Number
65-0453424
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. Does corporation has taken advantage of Section 607.0505 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
BARNSTABLE, DALE A
6735-E120 MIAMI LAKES DR.
MIAMI LAKES FL 33014

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 607.0505(2) (a) 1-5, Florida Statutes, the undersigned corporation adopts the 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, officers, or the appointees of a receiver or trustee empowered to execute the change as required under the provisions of Section 607.0505, Florida Statutes.

SIGNATURE DALE A BARNSTABLE 4/20/95

12. OFFICERS AND DIRECTORS

| Title | Name | Street Address | City-State-Zip |
|---|---|---|---|
| D | BARNSTABLE, DALE A | 6735-E120 MIAMI LAKES DR. | MIAMI LAKES FL 33014 |

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the 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 the report as required by Chapter 607, Florida Statutes; and that, to the best of my knowledge, information and belief, it is accurate and complete.

**SIGNATURE:** Dale Barnstable (DALE A. BARNSTABLE) 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0422053 FP