

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017303 (6)

1. Corporation Name

MEDBROOK CORP.

Principal Place of Business

1043 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

2200 POWELL ST.
SUITE 800
EMERYVILLE CA 94608



3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

03/24/1995

4. FEI Number

59-3281163

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

2. Principal Place of Business

2a. Mailing Address

21 220 State Road 312

26 2200 Powell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite 800

City & State

City & State

23 St. Augustine, FL

28 Emeryville, CA

Zip

Country

Zip

Country

24 32086

25 USA

29 94608

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEMS, INC
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 the filer (agent)

(NOTE: Registered Agent's signature is required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME GLASSER, HARVEY

1.2 NAME

STREET ADDRESS 2000 POWELL ST.

1.3 STREET ADDRESS

CITY-ST-ZIP EMERYVILLE CA 94608

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME HAAS, JIM

2.2 NAME

STREET ADDRESS 2000 POWELL ST.

2.3 STREET ADDRESS

CITY-ST-ZIP EMERYVILLE CA 94608

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MURPHY, JIM

3.2 NAME

STREET ADDRESS 2000 POWELL ST.

3.3 STREET ADDRESS

CITY-ST-ZIP EMERYVILLE CA 94608

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 119.07(3)(k), 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:

James F. Murphy

04/02/96 510-420-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)