

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

1995



DOCUMENT # P94000086814 (8)

PROXYMED SUPPLY CORP.

MAY 22 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2501 DAVIE RD SUITE 230
FT LAUDERDALE FL 33317

2501 DAVIE RD SUITE 230
FT LAUDERDALE FL 33317

3. Date of filing of this report	3a. Date of last report
11/30/1994	
4. FE Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status (Fees)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. The corporation has not filed its annual report for 1994 and Florida Statutes	☐ Yes ☒ No

2	2a. Mailing Address
21	26
22	27
23	28
24	25
	29
	30

9. Name and Address of Current Registered Agent

KYNOR, KAYLA B
GENERAL COUNSEL OF PROXYMED INC
2501 DAVIE RD SUITE 230
FT LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

81 Blue, Harold
82 Street Address Box Number in FL Incorporation
83 2501 DAVIE Road
84 Suite 230
85 Ft. Lauderdale FL 33317

11. I, the undersigned, Secretary of the State of Florida, certify that the above named corporation has filed this statement for the purpose of changing its registered office. I hereby accept this appointment as registered agent. I am

Harold Blue 5/16/95

12. OFFICER, ADDITIONAL OFFICERS

D
BLUE, HAROLD
2501 DAVIE RD SUITE 230
FT LAUDERDALE FL 33317

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	2. STREET ADDRESS	3. CITY	4. STATE	5. ZIP
P/S/D				
VP				
Marks, Bennett	2501 DAVIE Road, Suite 230	Ft. Lauderdale, FL	33317	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.05(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That the corporate seal of the corporation or the registered agent or person responsible for filing this report is required by Chapter 607, Florida Statutes, and that my duties are as stated in Chapter 607, Florida Statutes. I am attached with an affidavit.

SIGNATURE:

Harold Blue 5/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Blue 5/16/95 (305) 473-1001