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 # **P95000002706 (6)**

1. Corporation Name

THE MEDICAL CONNECTION, INC.

Principal Place of Business
~~4534 NW 90TH AVE.~~
~~SUNRISE FL 33051~~

Mailing Address
~~4534 NW 90TH AVE.~~
~~SUNRISE FL 33051~~

3. Date Incorporated or Qualified: 01/09/1995

3a. Date of Last Report:

4. FEI Number: 65-0547380 — 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 intangibles tax under s. 199.032, Florida Statutes: ☐ Yes ☑ No

2. Principal Place of Business
21 5811 NW 81 Terrace
Suite, Apt. #, etc.
22
City & State
23 Parkland, Fl 33067
Zip 24 Country 25

2a. Mailing Address
26 PO Box 26870
Suite, Apt. #, etc.
27
City & State
28 Tamarac, Fl
Zip 29 33320-6870 Country 30 USA

9. Name and Address of Current Registered Agent

BUTLER, BRUCE S
7101 WEST MC NAB RD., #103
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Charlotte Policari
82 Street Address (P.O. Box Number Not Acceptable): 5811 NW 81 Terrace
83
84 City: Parkland FL 85 Zip Code: 33067

11. Pursuant to the provisions of Section [illegible] and 607.0505, 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. The corporation is duly authorized to conduct business in the State of Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Charlotte Policari Charlotte Policari 8-1-96
Signature of or printed name of officer or director — Name of Registered Agent (typed or printed) — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	POLICARI, CHARLOTTE	
STREET ADDRESS	4534 NW 90TH AVE.	
CITY-ST-ZIP	SUNRISE FL 33051	
TITLE	D	☐ DELETE
NAME	SCHWAB, FRANCINE	
STREET ADDRESS	6361 LANSDOWN CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	☒ DELETE
NAME	ROYLANCE, JOHN	
STREET ADDRESS	4733 NW 6TH CT.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Charlotte Policari	
1.3 STREET ADDRESS	5811 NW 81 Terrace	
1.4 CITY-ST-ZIP	Parkland, Fl 33067	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	No longer with company	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001836517 -05/23/96--01021--020 ***400.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, 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 is added as an officer or director with an address.

SIGNATURE: Charlotte Policari Charlotte Policari 8-1-96 (954) 346 0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)