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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000026912 (2)**

1. Corporation Name
MEDEX 7, INC.

Principal Place of Business	Mailing Address
501 SOUTH FAULKENBERG ROAD SUITE C23 TAMPA FL 33619	501 SOUTH FAULKENBERG ROAD SUITE C23 TAMPA FL 33619-9055

3. Date Incorporated or Qualified: 04/05/1995
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 205 South FLORIDA AVE
Suite, Apt. #, etc. 22
23 City & State: LAKELAND, FL.
24 Zip: 33801 25 Country: USA

2a. Mailing Address
26 205 South FLORIDA AVE
Suite, Apt. #, etc. 27
28 City & State: LAKELAND, FL.
29 Zip: 33801 30 Country: USA

4. FEI Number: 59-3306857 ☐ 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

KLEIN, JEFFREY G
2600 NORTH MILITARY TRAIL
SUITE 270
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Edward E. DiMotta
82 Street Address (P.O. Box Number is Not Acceptable): 629 HOWARD AVENUE
83
84 City: LAKELAND FL 85 Zip Code: 33815

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: Edward E. DiMotta Edward E. DiMotta PRESIDENT/CEO 04/03/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	CEO/PRESIDENT/OWNER D	☒ Change ☐ Addition
NAME	DIMOTA, EDWARD E		1.2 NAME	Edward E. DiMotta	
STREET ADDRESS	501 SOUTH FAULKENBERG ROAD		1.3 STREET ADDRESS	629 HOWARD AVENUE	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT/OWNER D	☐ Change ☒ Addition
NAME			2.2 NAME	JAMES M. KING	
STREET ADDRESS			2.3 STREET ADDRESS	2750 GALEROSE DR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	LAKELAND, FL. 33805	
TITLE		☐ DELETE	3.1 TITLE	VICE-PRESIDENT/OWNER D	☐ Change ☒ Addition
NAME			3.2 NAME	SEAN M. DiMotta	
STREET ADDRESS			3.3 STREET ADDRESS	6988 HAYTER DR.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	LAKELAND, FL. 33813	
TITLE		☐ DELETE	4.1 TITLE	OWNER D	☐ Change ☒ Addition
NAME			4.2 NAME	SHAWN D. MAY	
STREET ADDRESS			4.3 STREET ADDRESS	6 EAST CLEMENTON ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Gibbsboro N.J. 08026	
TITLE	MMS INC.	☒ ADDITION ~~DELETE~~	5.1 TITLE	OWNER D	☐ Change ☒ Addition
NAME	2600 N. Military Trail		5.2 NAME	COURTNEY H. MAY	
STREET ADDRESS	BOCA RATON, FL 33431		5.3 STREET ADDRESS	6 EAST CLEMENTON ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Gibbsboro, N.J. 08026	
TITLE	OWNER D	☒ ADDITION ~~DELETE~~	6.1 TITLE	OWNER D	☐ Change ☒ Addition
NAME	DATA MANAGEMENT CONCEPTS, INC		6.2 NAME	RONALD D. McELHENIE	
STREET ADDRESS	6988 HAYTER DR.		6.3 STREET ADDRESS	2044 RYAN WAY	
CITY-ST-ZIP	LAKELAND, FL. 33813		6.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Edward E. DiMotta Edward E. DiMotta