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 # **P95000030015 (8)**

1. Corporation Name
SCI MEDIX, INC.

Principal Place of Business
8290 NW 24 ST
CORAL SPRINGS FL 33065

Mailing Address
8290 NW 24 ST
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 04/12/1995
3a. Date of Last Report:

2. Principal Place of Business
21 710 HAZY MEADOW CT.
22 Suite, Apt. #, etc
23 City & State: BRANDON, FL
24 Zip: 33510
25 Country: USA

2a. Mailing Address
26 710 HAZY MEADOW CT.
27 Suite, Apt. #, etc.
28 City & State: BRANDON, FL
29 Zip: 33510
30 Country: USA

4. FEI Number: 59-3312184 — 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 — X Yes ☐ No

9. **Name and Address of Current Registered Agent**
FERNANDEZ, ORLANDO
8290 NW 24 ST
CORAL SPRINGS FL 33065

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 710 HAZY MEADOW CT.
83
84 City: BRANDON FL 85 Zip Code: 33510

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: Orlando Fernandez — DATE: 4.28.96
Signature (typed or printed name of registered agent and title if applicable) — (Title: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FERNANDEZ, ORLANDO	
STREET ADDRESS	8290 NW 24 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	710 HAZY MEADOW CT.	
1.4 CITY-ST-ZIP	BRANDON, FL 33510	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ 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		☐ 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 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 (X) Orlando Fernandez — 4.28.96 — (813)681-6233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)