

**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 # **P95000030385 (5)**

1. Corporation Name

**MEDI KWIK SERVICES, INC. OF EAST CENTRAL FLORIDA**



Principal Place of Business

815 BAYRIDGE LANE  
PORT ORANGE FL 32127

Mailing Address

815 BAYRIDGE LANE  
PORT ORANGE FL 32127

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

PARSONS, WILLIAM A ESQ  
2001 S. RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32119

4. FET Number

59-3331009

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

10. Name and Address of New Registered Agent

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 607.0501, Florida Statutes.

SIGNATURE

Signature of current registered agent (to be filled in if applicable)

81-84 Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PD  
NORRIS, RUSSELL K  
815 BAYRIDGE LANE  
PORT ORANGE FL 32127

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

ST  
NORRIS, JOAN M  
815 BAYRIDGE LANE  
PORT ORANGE FL 32127

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

Change  Addition

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 supplementary 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:

*Russell K. Norris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Russell K. Norris*

1-23-96

904-761-4136

CR2E034 (12/95)