

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 # P95000042350 (5)

1. Corporation Name

MEDICAL DESTINATIONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4701
915 MIDDLE RIVER DRIVE-SUITE 504
FT. LAUDERDALE FL 33304

P.O. BOX 4701
915 MIDDLE RIVER DRIVE-SUITE 504
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

21 10230 N.W. 47th STREET

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL.

Zip

Country

24 33351-7970

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 4701

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL.

Zip

Country

29 33338-4701

30 U.S.A.

4. FEI Number

65-0584514

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

10. Name and Address of New Registered Agent

LAFITEAU, EDWARD
9432 N.W. 8TH CIRCLE
PLANTATION FL 33324

81 Name

EDWARD P. LAFITEAU

82 Street Address (P.O. Box Number is Not Acceptable)

739 SAND CREEK CIRCLE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code
33327

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President ☐ DELETE
NAME LEVINE, DAVID
STREET ADDRESS 705 SAND CREEK CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33327

TITLE D Vice President ☐ DELETE
NAME LAFITEAU, EDWARD P.
STREET ADDRESS 9432 N.W. 8TH CIRCLE
CITY-ST-ZIP PLANTATION FL 33324

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME LAFITEAU, EDWARD P.
2.3 STREET ADDRESS 739 SAND CREEK CIRCLE
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33327

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME LEVINE, SHARI L.
3.3 STREET ADDRESS 705 SAND CREEK CIRCLE
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33327

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:

Signature and typed or printed name of signing officer or director

4/22/96

Date

(954) 748-4099

Daytime Phone #

CR2E034 (12/95)