FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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97 JUN 23 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
~~CORPORATION ANNUAL REPORT~~
96-1997

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

DOCUMENT # P95000061169

1. Corporation Name

MEDSECURE GROUP INC.

995 RIVERSIDE DRIVE # 111 CORAL SPRINGS, FL.

Principal Place of Business / Mailing Address

995 RIVERSIDE DRIVE # 111
CORAL SPRINGS, FL. 33071

3. Date Incorporated or Qualified: 8/8/95	3a. Date of Last Report:
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 65-0632073	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$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 XX No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: ROBERTO LARREAL

82 Street Address (P.O. Box Number is Not Acceptable): 9886 S.W. 88th ST. # H116

83 MIAMI, FL. 331 6

84 City: MIMAI | FL | 85 Zip Code: 33176

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: X [signature] Roberto Larreal, Registed Agent 4/28/97
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	Director, President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	VICTOR LARREAL	12 NAME	600002223946--5
STREET ADDRESS	995 RIVERSIDE DR. # 111	13 STREET ADDRESS	-06/26/97--01077--001
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	14 CITY-ST-ZIP	****915.00 ****915.00
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	REINSTATEMENT 96-97
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	A. Alan
STREET ADDRESS		53 STREET ADDRESS	6/23/97
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: [signature] VICTOR LARREAL 4/28/97 954-755-4572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #