## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000061169

MEDSECURE GROUP INC.

SIGNATURE:

Principal Place of Business Mailing Address

777 Reverside Dr. #1511

**FILED** Apr 21 1998 8:00am Secretary of State

•		00:11: 5/05	A-11	DO NOT WRITE IN THIS	SPACE
CORAL CPRINGS, FL 33071				3. Date Incorporated or Qualified	
2. Principal Pi	ace of Businer	2a. Ma ing Address		4. FEI Number 20022	Applied For
21		26		65-0632073	Not Applicable
Suite, Apt.	# *	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	· · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
EJ] "		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30		Yes No
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
Kobe	10 Lalled	$\mathcal{A}'$	(4	ress (P.O. Box Number is Not Acceptable)	
1177	7 0 1 113	Test Miany FC	<u> </u>	2 SW 113 7411	
111 2	C SW 117	10,	83		
کے کے	19/0		84 City A A		85 Zip Code
	> 1 0 0			LIVY FL	- 33186
11. Pursuant t	o the provisions of Sections egistered agent, or both, in t	-607.0502 and 607.1508, Florida <b>Sta</b> tutes the State of Floridal Such change was au	s, the above-named corp thorized by the colocial	poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the State of Froida. Such change was authorized by the corporations to directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.					
SIGNATURE _	10000 10 L	ગાલબ	- M	4/13	L18
12.		nettered agreed are facility applicable. (NOT) ERS AND DIRECTORS	Registered Agent signature requirements	red when constantly)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
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STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY - ST - ZIF	<del></del>	D ot ext	3.4 CITY-ST-ZIP		
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CITY-S1-ZIP			6 4 CITY - ST - ZIP	***150.00	
14. Thereby co	ertify that the information su	pplied with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statules. I further of	ertify that the information
indicated on this annual report or supplemental affinal 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 of 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 any flaghing twith an address.					