

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 # P95000073234 (3)

1. Corporation Name

MED-MOBILITY, INC.



Principal Place of Business

1908 LYNTON CIRCLE
WELLINGTON FL 33414

Mailing Address

1908 LYNTON CIRCLE
WELLINGTON FL 33414

2. Principal Place of Business

21 2800 N. MILITARY TRAIL

Suite, Apt. #, etc.

22 SUITE 108

City & State

23 WEST PALM BEACH, FLORIDA

Zip

24 33409

Country

25 PALM BEACH

2a. Mailing Address

26 2800 N. MILITARY TRAIL

Suite, Apt. #, etc.

27 SUITE 108

City & State

28 WEST PALM BEACH, FLORIDA

Zip

29 33409

Country

30 PALM BEACH

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report

4. FEI Number

650616390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

RESNICK, DAVID
1908 LYNTON CIRCLE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

K. JEFFREY HAYNES

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

200 TRADEWIND DRIVE

83

84 City

PALM BEACH

FL

85 Zip Code
33480

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 K. JEFFREY HAYNES President

K. Jeffrey Haynes

4-12-1986

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

(NOTE: Registered agent's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RESNICK, DAVID
STREET ADDRESS 1908 LYNTON CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

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
1.2 NAME K. JEFFREY HAYNES ☒ Change ☐ Addition
1.3 STREET ADDRESS 200 TRADEWIND DRIVE
1.4 CITY-ST-ZIP PALM BEACH, FLORIDA 33480

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:

K. Jeffrey Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-1986

DATE

(407)-683-6511

DAYTIME PHONE #

CR2E034 (12/95)