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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000073234 (3)

MED-MOBILITY, INC.

Suite, Apt. 4, cic. 2   Suite, Apt. 4, cic. 3   Suite, Apt. 4, cic. 4   Suite, Apt. 4, cic. 4   Suite, Apt. 4, cic. 5   Suite,	Principal Place	e of Business	Mailing Address				E EEFSTED TIE 1818: BLIKE AANL OFIIN AANL ONIN 1901H 1905 B HIND TIBUE SIIN SINE HAET				
WEST PALM BEACH FL 33409   WEST PALM BEACH FL 33409 2800   S. Date of Last Report   O4/17/1996		RY TRAIL									
US 2. Principle Piece of Business 2. A Mailing Address 3. A FER Number 3. Suite. Age 4 cit. 3. Suite. Age 5 cit. 4. Suite. Age 6 cit. 4. FER Number 5. Suite. Age 6 cit. 5. Centrity 6. Suite Desired   \$8.75 Additional   \$8.75 Ad		C+011 F1 00400					ļ				
2. Principal Fales of Business 2. Malling Address 3. Web Apt *, etc. 3. Suite. Apt *, et		EACH FL 33409					9 Data Incorporated or Qualified	Tea N	at at Leat	Poport	
2. Principles Trace of Dusericks 2. Making Address 3. Suite, Age 8, etc. 2. Suite, Age 8	00		•••								
Suite, Apt. #, etc.    Col.   Suite	2. Principal Pl	ace of Business	2a. Mailing Address								
City & State  Ci	21		26				65-0616390		1	Not Applicable	
City & State   City	Suite, Apt	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Cortificate of Status Desired	П	\$8.75	Additional	
26	22			27			9. Certificate of Status Desired	لــا 	Fee F	Required	
Country   Zrp   Country   Zrp   Country   Professional has liability for imangible tax under 6. 199.032		3	City & State				6. Election Campaign Financing	_	\$5.00	) May Be	
8. Name and Address of Current Registered Agent  K VEFTREY HAYNES 200 TRADEWIND DRIVE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Purissan 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 of tegetated agent, or holds in the State of Everla Science (P.O. Box Number is Not Acceptable)  85 City FL 85 Zip Code  11. Purissan 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 of tegetated agent, or holds in the State of Everla Science.  86 City FL 85 Zip Code  11. Purissan to the provisions of Sections 607 0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of tegetate provisions of Section (P.O. 9508, Florida Statutes)  87 Zip Code  12. City Florida Statutes  13. Title	23						<del></del>				
S. Name and Address of Current Registered Agent  K. JEFFREY HAYNES 200 TRADEWIND DRIVE PALM BEACH FL 33480  80  80  80  81  Street Address (P.O. Box Numbor is Not Acceptable)  82  Street Address (P.O. Box Numbor is Not Acceptable)  83  84  City FL  85  Street Address (P.O. Box Numbor is Not Acceptable)  85  87  88  89  89  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 depart or both in the State of Brode Statutes, the above-named corporation's board of directors. I hereby accept the deplanment as registered office or registered agent age		<b>├</b> ղ	<sub>1</sub>	<del>                                     </del>						s. 199.032,	
K JEFFREY HAYNES 200 TRADENIND DRIVE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code FL 94 Zip Code F											
200 TRADEWIND DRIVE PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83 BP City FL 85 Zip Code  11. Pursuam to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this attalement 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 disponithment as registered office or registered depends on School off 07,0505, Florida Statutes.  SIGNATURE  12. OH HCRS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. JEFFREY HANES  15. SIRET ADDRESS  20. THE STATE  10. DELETE  21. THE  22. NAME  33. SIRET ADDRESS  20. THE STATE  10. STATE  11. THE  22. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  21. THE  22. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  41. THE  22. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  41. THE  23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. THE STATE  11. THE  22. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  41. THE  23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. THE  24. DELETE  25. THE  26. THE  26. THE  26. THE  27. THE  27. THE  28. THE  28. SIRET ADDRESS  29. ADIT-ST-ZP  10. DELETE  41. THE  29. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  41. THE  27. NAME  33. SIRET ADDRESS  24. ADIT-ST-ZP  10. DELETE  51. THE  52. NAME  53. SIRET ADDRESS  54. CHT-ST-ZP  10. DELETE  57. THE			aut uadistelag võent		R1	Name	IO. Name and Address of New M	Areter or	Agent		
PALM BEACH FL 33480  83  64 City FL 85 Zip Code  11. Pursuant to the previsions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of Section 607 0505, Florids Statutes.  SIGNATURE  12. CHEICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TANK  SIGNATURE  12. CHEICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TANK  SIGNATURE  12. NAME  13. SIRRET ADDIES  11. THE  14. THE  14. THE  14. THE  15. THE  16. STATE  1			L								
11. Pursuant to the provisions of Societies 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 law statement with, and accept the obligations of, Section 607.0505, Florida Statutes, and the statement of the purpose of changing its registered agent law statement and the				[1	82 Street Address (P.O. Box Number is Not Accer			ole)			
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, and both in the State of Florida Statutes.  12. OF Florida Statutes.  SIGNATURE  12. OF Florida Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In the State of Florida Statutes.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In the State of Florida Statutes.  16. STREET ADDRESS  20. TRADEWIND DRIVE  16. STREET ADDRESS  20.	FAL	M DEACH PE 33400		}-	83				<del> </del>	A-100	
11. Parauant 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 agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature synthetic provide more of registered agent and she'r applicable. (NOTE Registered Agent agents registered agent and she'r applicable. (NOTE Registered Agent agents registered agent											
11. Furnament to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-parmed corporation submits this statement for the purpose of barriging its registered affect or toysiskered agent or both, in the State of Florida. Subct change was authorized by the corporation's board of directors. I hereby accept the appointment as registered affect or toysiskered agent or both, in the State of Florida Statutes.  SIGNATURE  12. OF HOURS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. In Title  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. IN THE STATE AND DIRECTORS IN 12.  17. IN TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. KLEFFERY HAYNES  20. TRADEWIND DRIVE  11. STREET ACRESS  20. TRADEWIND DRIVE  11. STREET ACRESS  21. STREET ADDRESS  22. ACITY ST-ZPP  10. IN TITLE  22. NAME  23. STREET ADDRESS  24. ACITY ST-ZPP  10. IN TITLE  25. NAME  26. NAME  26. NAME  26. NAME  27. NAME  27. NAME  27. NAME  27. NAME  28. NAME  28. NAME  28. NAME  29. NAME  29. NAME  29. NAME  29				Г	64	City		E1	85 Zip	Code	
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 agent an analysis of the accept the obligations of Section 607:0505, florida Statutes.  SIGNATURE  12.	44 Discussor	to the provinces of Sections 607.0	500 and 607 1509 Florida Statut	ton the ob		nomad care	poration submits this statement for the		f observing	ita sociatorod	
SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITION	office or re	projetered ament or both in the Sta	ite of Florida, Such change was :	authorized	l hv	the cornoral	tion's board of directors. I hereby acce	ot the app	ointment a	s registered	
NOTE Registered product havened registered agreed and refer Engineered Agene alignance required in the releasering)   DATE	agent I a	m familiar with, and accept the obl	igations of, Section 607.0505, FI	orida Statu	ntes.						
12. POFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    DELETE	SIGNATURE	City of the state	recent and this if employeds (NO)	FE: Projetered	Anne	nt elenative entre	and when reinstation)	DATE			
DELETE   1.1 TITLE   Dhange   Addition   Addition   DELETE   1.1 TITLE   Dhange   Addition   DeleTe   2.1 MME   DELETE   3.1 MME   DELETE					nge	iii Bigiratore redui			DIRECTO	RS IN 12	
NAME SINGET ADDRESS 200 TRADEWIND DRIVE PALM BEACH FL  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PALM BEACH FL  DELETE 21 INTE NAME 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 31 TITL NAME STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 31 TITL NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP THOUGH DELETE 31 TITL NAME STREET ADDRESS CITY-ST-ZIP NAME 4.7 NAME 4.7 NAME 4.7 NAME 4.7 NAME 4.7 NAME 5.7 NAME 5.7 NAME 5.7 NAME 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP NAME 5.8 STREET ADDRES	1.TU	Р			LE	<del></del>					
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2 4 CITY-ST-ZIP	NAME			2.2 NAI	ME	1	,				
DELETE   31 TITLE   Change   Addition	STREET ADORESS			2.3 STF	REET	ADDRESS					
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INTER    DELETE   S.1 TITLE   Change   Addition	STREET ADDRESS			4.3 STF	REET	address					
NAME  STREET ADDRESS  CITY-SI-ZIP  DELETE  DELETE  6.1 TITLE  Addition  STREET ADDRESS  CITY-SI-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-SI-ZIP  6.4 CITY-SI-ZIP  1.4 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: 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 arm 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	CHY-S1-79*		D-04-1	4.4 CIT	Y - \$T	r-ZIP					
STREET ADDRESS   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   S.4 CITY-ST-ZIP   STREET ADDRESS   S.4 CITY-ST-ZIP   STREET ADDRESS   S.4 CITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   S.4 CITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   S.4 CITY-ST-ZIP   STREET ADDRESS   S	THUE		DELETE	5.1 TIT	LE				☐ Change	Addition	
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DELETE 6.1 TITLE 6.2 NAME  STREET ADDRESS  City-S1-ZH  14. I do hereby certify that the information supplied with this filling 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	STREET ADDRESS			5.3 STP	(133	ADDRESS					
NAME  STREET ADDRESS  City-ST-ZH  14. I do hereby certify that the information supplied with this filling 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	CITY - ST - ZIP			5.4 CfT	Y-51	r-ZIP					
6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  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	11716		DELETE	6.1 TITI	LE				L. Change	Addition	
64 CITY-ST-ZIP  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	NAM <del>!</del>			6.2 NAI	ME						
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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	14. I do heret informatio	by certify that the information suppl in indicated on this annual report o	lied with this filing does not quali ir supplemental annual report is t	ny for the e true and a	exer CCU	mption stated rate and that	o in Section 119.07(3)(i), Florida Statute t my signature shall have the same leg	s. I furthe	r certify that if made u	it the inder oath: that	
	l am an ol	flicer or director of the corporation	or the receiver or trustee empoy	vered to ex							