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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000082134 (4)

1. Corporation Name
MEDICINE IN MOTION, INC.

Principal Place of Business

~~PO BOX 4333~~
~~DOWLING PARK FL 32080~~

Mailing Address

~~PO BOX 4333~~
~~DOWLING PARK FL 32080~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 420 CYPRESS COVE SE

Suite, Apt. #, etc.

22 City & State

23 WINTER HAVEN, FL

Zip

24 33884

Country

25 USA

2a. Mailing Address

26 420 CYPRESS COVE SE

Suite, Apt. #, etc.

27 City & State

28 WINTER HAVEN, FL

Zip

29 33884

Country

30 USA

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

59-3341828

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENDERSON, WILLIAM N M.D.
~~ADVENT CHRISTIAN VILLAGE~~
~~CARDINAL CIRCLE~~
~~DOWLING PARK FL 32080~~

10. Name and Address of New Registered Agent

81 Name

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

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84 City

85 Zip Code

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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HENDERSON, WILLIAM N M.D.

STREET ADDRESS ~~PO BOX 4333~~

CITY-ST-ZIP ~~DOWLING PARK FL 32080~~

TITLE ☐ DELETE

NAME HENDERSON, SARAH M

STREET ADDRESS ~~PO BOX 4333~~

CITY-ST-ZIP ~~DOWLING PARK FL 32080~~

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 420 CYPRESS COVE SE

1.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 420 CYPRESS COVE SE

2.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

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 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.

WILLIAM N. HENDERSON, M.D.

SIGNATURE

CR2E034 (10/97)