

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

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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90043 044 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000014152**

1. Corporation Name  
**MEDSHARES OF FLORIDA, INC.**



Principal Place of Business 2714 UNION AVENUE EXTENDED SUITE 400 MEMPHIS TN 38112-4415	Mailing Address 2714 UNION AVENUE EXTENDED SUITE 400 MEMPHIS TN 38112-4415
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DO NOT WRITE IN THIS SPACE

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	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>02/14/1996</b>	Applied For Not Applicable
4. FEI Number <b>62-1634535</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CLARK, ALFRED W**  
**117 SOUTH GADSDEN STREET**  
**SUITE 201**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINTERS, STEPHEN H	
STREET ADDRESS	2714 UNION AVE EXT D	
CITY-ST-ZIP	MEMPHIS TN 38112-4415	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAUL S WINTERS	
STREET ADDRESS	2714 UNION AVE EXT D	
CITY-ST-ZIP	MEMPHIS TN 38112-4415	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, CONNIE L	
STREET ADDRESS	2714 UNION AVENUE EXT D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul S. Winters	
1.3 STREET ADDRESS	2714 Union Avenue Extc.	
1.4 CITY-ST-ZIP	Memphis, TN 38112	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deborah Winters	
2.3 STREET ADDRESS	2714 Union Avenue Ext d.	
2.4 CITY-ST-ZIP	Memphis, TN 38112	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stephen H. Winters	
3.3 STREET ADDRESS	2714 Union Avenue Extc.	
3.4 CITY-ST-ZIP	Memphis, TN 38112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.073(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, with a l other like empowered.

SIGNATURE: Paul S. Winters Paul S. Winters 4/15/99 901-454-2484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)