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FILED
May 04 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 # P96000032419 (9)

1. Corporation Name
MEDICAL NETWORK SERVICES, INC.



Principal Place of Business

Mailing Address

302 SE 3RD STREET
DANIA FL 33004

302 SE 3RD STREET
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1133 S. UNIVERSITY DR.

2a. Mailing Address

26 1133 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 PLANTATION FL

28 PLANTATION FL

Zip

Country

Zip

Country

24 33324

25

29 33324

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

65-0659204

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

LAUGHTER, KENT
302 SE 3RD STREET
DANIA FL 33004

81 Name

TOM WALSH

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

1133 S. UNIVERSITY DR.

83

SUITE 201

84

CITY PLANTATION

FL

85 Zip Code

33324

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 THOMAS F. WALSH

4/21/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAUGHTER, KENT
STREET ADDRESS 302 SE 3RD STREET
CITY-ST-ZIP DANIA FL 33004 ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SAUL LEVNER
2.3 STREET ADDRESS 1133 S. UNIVERSITY DR #201
2.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME THOMAS F. WALSH
3.3 STREET ADDRESS 1133 S. UNIVERSITY DR #201
3.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

4/21/98 (954) 230985

CR2E034 (10/97)