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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058596 (3)

MEDNET CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



13577 FEATH CLEARWATEI	ÆR SOUND DRIVE #300 R FL 34622	13577 FEATHER SOUND DRIVE (CLEARWATER FL 34622	¥300		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal F	lace of Business	2a. Mailing Address		07/12/1996 4. FEI Number 59 - 34321	7.2 Applied For
21 910	Pinellas Bayway	25 910 Pinellas	Borner	APPLIED FOR	Not Applicable
Suite, Apt		Suite, Apt. #, etc.	- July -	_	\$8.75 Additional
22 Sur	te 203	27 Suite 203		5. Certificate of Status Desired	Fee Required
City & Stat	te () \ F1	City & State	اسس	6. Election Campaign Financing	\$5.00 May Be
23 116	ra Verve, FL	128 JIErra Verd	e	Trust Fund Contribution	Added to Fees
24 33-	115 25 U.S.A	29 33715 30	US A	8. This corporation owes or has paid the cu	
24 90	9, Name and Address of Current		1	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
NF	AL, A R		81 Name		
10ETT CEATUED COLUID DONE 4000			82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34622			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		•
			84 City		85 Zip Code
<u> </u>				FL	. []
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent or both, in the State of	and 607.1508, Florida Statutes, the f Florida, Such change was authorize	above-named corporation	oration submits this statement for the purpose o	f changing its registered
office or registered again, 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 into another control of the control					
SIGNATURE	Stonalists, typisd or printed name of registered agent	William 100	ed Agent signature requires	conde 17	**
12.	OFFICERS AND		•	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD		TITLE	ADDITIONAÇON PINACO TO ON MOCHO PINA	☐ Change ☐ Addition
NAME	BOUWMEESTER, WILLIAM E.	1.21	NAME		
STREET ADDRESS	910 PINELLAS BAYWAY #203	1.3 :	STREET ADDRESS	•	
CITY-ST-ZIP	TIERRA VERDE FL 33715		CITY-ST-ZIP		
TITLE		DELETE 2.1			☐ Change ☐ Addition ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE			CITY-ST-ZIP		Change Addition
NAME			AME		Cuside D vanition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		45.575	TITLE		☐ Change ☐ Addition
NAME		4 2	NAME		
STREET ADDRESS		4.3 5	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE 5.11			☐ Change ☐ Addition
NAME STOCET ADDRESS			IAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	•	
TITLE		DELETE 6.11	CITY-ST-ZIP		Change Addition
NAME			IAME		
STREET ADDRESS			TREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

14. Thereby 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 usstee 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 or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receive

SIGNATURE:

813 867-0900