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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # P96000060186 (9)

MEDCYHEALTH INC

FILED May 06 1997 8:00am Secretary of State

Principal Place of Business	Malling Address	-		
3663 S. MIAMI AVENUE MIAMI FL 33133	3663 S. MIAMI AVENUE MIAMI FL 33133-4253			
No. 12 42744				····
			3. Date Incorporated or Qualified 07/18/1996	3a, Date of Last Report
2. Principal Place of Business	2a, Mailing Address		a CCI Niverbox	Applied For
1 3663 5. MiAMi A		. MiAmi ba	e	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. # etc.	3711	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	7,	6. Election Campaign Financing	\$5.00 May Be
3 Migmi 4L	28 MiAMI.	70	Trust Fund Contribution	Added to Fees
Zip / Country	^{Zip} 33/33	Country	8. This corporation has liability for	
4 33/33 25 g. Name and Address of C		30	Florida Statutes 10. Name and Address of New F	Yes No
CORPORATION SERVICE COM		81 Name	11610 ENDIN	Pinnas
1201 HAYS STREET		62 Street Add	rese (P.O/ Box Number is Not Accept	mi Avenue
TALLAHASSEE FL 32301		Jul	13 SOUTH 1111	AMI AVENUE
		83 SU	ute 3111	
		84 City	inni	FL 85 353/33
11. Pursuant to the provisions of Sections 60	07.0502 and 507.1508, Florida Statute	es, the above-named corp	poration submits this statement for the	
office or registated agent, or both to the	State of Florida, Such change was a	uthorized by the corporal rida Statutes	ition's board of directors. I hereby acc	ept the appointment as registered
agent I am Unilliar with, and accels the	Dungations of Section for Joseph Fig.			
SIGNATURY XXXX	BO LUNCO		A/A	MU 23, 1771
SIGNATURE Signatury, Wiped or printed name of registronic	tree agent and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating)	MU JJ (71)
SIGNATURI Signaturi, Mixed or printed name of regign	BO LUNCO		A/A	MU JJ (71)
SIGNATURI Signaturi Med or printed name of regist 12. OFFICEF IIITE D VIERA, CRISTOBAL E M.I.	Ore agent and title d applicable (NOTE AS AND DIRECTORS DELETE D.	: Registered Agent elgnature requi	red when reinstating)	DATE FICERS AND DIRECTORS IN 12
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