

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074541 (9)

1. Corporation Name

MEDICAL COLLECTORS OF FLORIDA, INC.

Principal Place of Business

909 NE 9TH AVENUE
SUITE 204
DELRAY BEACH FL 33483

Mailing Address

909 NE 9TH AVENUE
SUITE 204
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

65-0696707

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

2. Principal Place of Business

21 885 SE 6th Ave.

Suite, Apt. #, etc.

22 Suite D

City & State

23 Delray Beach, FL

Zip

24 33483

Country

25 USA

2a. Mailing Address

26 885 SE 6th Ave.

Suite, Apt. #, etc.

27 Suite D

City & State

28 Delray Beach, FL

Zip

29 33483

Country

30 USA

9. Name and Address of Current Registered Agent

PARKER, GERALD K
777 S. FLAGLER DRIVE
8TH FLOOR WEST TOWER
W. PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, DANA K	
STREET ADDRESS	46 CITRUS PARK DR.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRNES, JAMES J	
STREET ADDRESS	245 S COUNTRY CLUB BLVD	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSH, CHESTER	
STREET ADDRESS	46 CITRUS PARK DR.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, KENNETH	
STREET ADDRESS	1325 S CONGRESS AVENUE	
CITY - ST - ZIP	BOYNTON BEACH FL	

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

Dana K. Thompson

4-28-98

5612799379

CR2E034 (10/97)