

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

FILED
Apr 22 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 # P96000080411 (7)

1. Corporation Name

MEDEX INTERNATIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

3030 NORTH ROCKY POINT DRIVE, WEST
SUITE 280
TAMPA FL 33607-5902

3030 NORTH ROCKY POINT DRIVE, WEST
SUITE 280
TAMPA FL 33607-5902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

59-3401949

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKONOMIDES, NICKOLAS C
201 N. FRANKLIN STREET
SUITE 2350
TAMPA FL 33602

81 Name

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

83

84 City

FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BLANCO, JAMES P
STREET ADDRESS 3414 PICWOOD RD
CITY-ST-ZIP TAMPA FL 33618

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

TITLE VT ☐ DELETE
NAME ~~HERBERT, ROBERT P.~~
STREET ADDRESS 2905 HERMITAGE BLVD
CITY-ST-ZIP VENICE FL 33615

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME HERBERT, ROBERT P.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME TONER, STEPHEN J
STREET ADDRESS 4205 SALTWATER BLVD
CITY-ST-ZIP TAMPA FL 33615

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~V~~ ☒ DELETE
NAME ~~BOESCHER, CHRISTOPHER~~
STREET ADDRESS ~~882 NORTH STREET~~
CITY-ST-ZIP ~~OZONA FL 34080~~

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME THOMAS L. BIRT, JR.
4.3 STREET ADDRESS 7019 SILVERMILL DR.
4.4 CITY-ST-ZIP TAMPA, FL 33635

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.

CR2E034 (10/97)