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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080716 (9)

1. Corporation Name
MEDC ADMINISTRATORS INC.



Principal Place of Business

12000 BISCAYNE BLVD., STE. 703
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD., STE. 703
MIAMI FL 33181-2727

3. Date Incorporated or Qualified
09/26/1986

3a. Date of Last Report

2. Principal Place of Business

21 12000 BISCAYNE BLVD

22 SUITE 703

23 MIAMI, FL 33181

24 33181

2a. Mailing Address

26 SAME

27 Suite Apt. # etc.

28 City & State

29 Zip

Country

25 USA

4. FEI Number
05-0710143

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALSH, MAUREEN
12000 BISCAYNE BLVD., STE. 703
MIAMI FL 33181

10. Name and Address of New Registered Agent

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 and am ready, willing, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Maureen Walsh*

Signature of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-instating)

1/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
M. LACHANUK
8250 SW 115 ST.
MIAMI, FL 33156

TITLE ☐ DELETE

NAME
M. WALSH
789 COTTON BAY DR. EAST. #2716
W. PALM BEACH, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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 dated 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: *Maureen Walsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 (805) 892-6080

Date

Daytime Phone #

0247343

CR2E034 (9/96)