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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000099624 (4)

1. Corporation Name
MED MAX RECOVERY, INC.

Principal Place of Business	Mailing Address
2281 MAIN STREET **FORT MYERS FL 33901**	**2281 MAIN STREET** **FORT MYERS FL 33901-2932**

3. Date Incorporated or Qualified: 12/06/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2211 PECK STREET	26 2211 PECK STREET
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27 SUITE A
City & State 23 FORT MYERS, FLORIDA	City & State 28 FORT MYERS, FLORIDA
Zip 24 33901 Country 25 USA	Zip 29 33901 Country 30 USA

4. FEI Number: 65-0717864 ☐ 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	10. Name and Address of New Registered Agent
CONANT, JONATHAN D **2281 MAIN STREET** **FORT MYERS FL 33901**	81 Name: CONANT, JONATHAN D. 82 Street Address (P.O. Box Number is Not Acceptable): 2211 PECK STREET 83 SUITE A 84 City: FORT MYERS FL 85 Zip Code: 33901

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: JONATHAN CONANT — 4-26-97
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONANT, JONATHAN P.O. BOX 690 FORT MYERS FL 33902	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CONANT, JONATHAN 2211 PECK STREET, SUITE A FORT MYERS, FL 33901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGALLS, JERRY P.O. BOX 1592 FORT MYERS FL 33902	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D INGALLS, JERRY 2211 PECK STREET, SUITE A FORT MYERS, FL 33901	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALVAN, RALPH P.O. BOX 1592 FORT MYERS FL 33902	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D GALVAN, RALPH 2211 PECK STREET, SUITE A FORT MYERS, FL 33901	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 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: JONATHAN CONANT — 4-26-97 — (941)997-5588