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May 19 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 # P96000099624 (4)

1. Corporation Name
MED MAX RECOVERY, INC.

Principal Place of Business
2281 MAIN STREET
FORT MYERS FL 33901

Mailing Address
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
21 2211 PECK STREET
Suite, Apt. #, etc.
22 SUITE A
City & State
23 FORT MYERS, FLORIDA
Zip 24 33901 Country 25 USA

2a. Mailing Address
26 2211 PECK STREET
Suite, Apt. #, etc.
27 SUITE A
City & State
28 FORT MYERS, FLORIDA
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
CONANT, JONATHAN D
2281 MAIN STREET
FORT MYERS FL 33901

10. Name and Address of New Registered Agent
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, 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	☐ DELETE
NAME	CONANT, JONATHAN	
STREET ADDRESS	P.O. BOX 690	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	D	☐ DELETE
NAME	INGALLS, JERRY	
STREET ADDRESS	P.O. BOX 1592	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	D	☐ DELETE
NAME	GALVAN, RALPH	
STREET ADDRESS	P.O. BOX 1592	
CITY-ST-ZIP	FORT MYERS FL 33902	
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

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	CONANT, JONATHAN	
1.3 STREET ADDRESS	2211 PECK STREET, SUITE A	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	INGALLS, JERRY	
2.3 STREET ADDRESS	2211 PECK STREET, SUITE A	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	GALVAN, RALPH	
3.3 STREET ADDRESS	2211 PECK STREET, SUITE A	
3.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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