

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028786 ✓

1. Corporation Name
MEDILYTICS, INC.

Principal Place of Business
3175 US #1 SOUTH
SUITE 5
ST. AUGUSTINE FL 32086

Mailing Address
3175 US #1 SOUTH
SUITE 5
ST. AUGUSTINE FL 32086

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 019 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1997

4. FEI Number
59-3433918

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2807 W Busch Blvd

22 Suite 107

23 Tampa FL

24 33618

2a. Mailing Address

26 3830 Rose St

27 Suite, Apt. #, etc.

28 Seal Beach CA

29 90740

9. Name and Address of Current Registered Agent

SMITH, GARRETT O JR
3175 US #1 SOUTH
SUITE 5
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

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

83 2807 W Busch Blvd
Suite 107

84 Tampa

FL

85

Zip Code
33618

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 ☐ DELETE

NAME
D SMITH, GARRETT O JR
STREET ADDRESS
6600 NASSAU STREET
CITY-ST-ZIP
ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME
D WALTHER, PATRICK
STREET ADDRESS
10107 WOODSONG WAY
CITY-ST-ZIP
TAMPA FL 33618

TITLE ☐ DELETE

NAME
D OTTO, WALTER F
STREET ADDRESS
903 ALCANTE ROAD
CITY-ST-ZIP
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
D OTTO, NANCY S
STREET ADDRESS
903 ALCANTE ROAD
CITY-ST-ZIP
ST. AUGUSTINE FL 32086

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

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

☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99

562 493668

CR2E034 (11/98)