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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000061696 (5)

MEDIPLEX CENTRE, INC.

FILED
May 28 1998 8:00am
Secretary of State



370 TH TERR VENO BEACH FL \$2980  2. Principal Place of Business 2. Sulin, Aprl #, etc. 3. Sulin, Aprl #, etc. 3. Sulin, Aprl #, etc. 3. Sulin,	Principal Place of Business	Mailing Address		I DEDIKOON KAO IDIKA UBUKA DUKIA ODIKA DUKIA DUKIA DUKA DI	JIIO DINOLIIDIA DIINE FOILE DIIN (ESI
PERO BEACH FL 32980  VERO BEACH FL 32980  22 Principal Place of fluences 21	( '				
2. Milling Address   22. Milling Address   3. Date Incorporated or Qualified   07/16/1992   18/14   18/15   18					
A Principal Piace of fluences   2a Million Address   4 FET Number   X Applied For 1971   100 Applied State   25 Sules, Apt #, etc.   5 Centicate of State Desired   58.75 Additional Piace Regular   27 Centrally   28 Sules   28 Sules   29 Centrally   29 Central					THIS SPACE
2.   Minipape Prese of Business   2.   2.   Minipape Address   3.   Minipape				· ·	
Suite, Apt # etc   Suite, Apt	A D	The state of Addition			1974
Suite, Apt 4, etc.    Suite, Apt 4, etc.		h- · · - · ·		4. FEI Numbel	F 1
City & State    27		· ·+			
City & State  2		<u>├</u> -1		5. Certificate of Status Desired	
20		·		Flection Campaign Financing	\$5 00 May Ro
21   25   25   26   26   27   28   30	23	28			
Second Content   Second Exercises of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address			Country	8. This corporation owes or has paid th	ne current year Intangible
CALOWELL, WILLIAM W ,758 BEACHLAND BLVD.  VERO BEACH FL 32963  83  84	24 25	29	30		
TALL WILLIAM W  4750 BEACH LAND BLVD.  VERO BEACH FL 32963  22 Street Address (P.C. Box Number is Not Acceptable)  23 Street Address (P.C. Box Number is Not Acceptable)  24 City  FL  85 Zip Code  46 City  FL  85 Zip Code  47 City  FL  85 Zip Code  48 City  FL  85 Zip Code  69 City  FL  85 Zip Code  69 City  FL  85 Zip Code  60 C	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent
VERO BEACH FL 32963  88  89  60  60  60  60  60  60  60  60  60  6	CALDWELL, WILLIAM W		B1   Name		
11. Pursuant to the provisions of Sections 607 0F.02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Hends, Such change was authorized by the corporation's board of directors. I hereby accorpt the appointment as registored agent term familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  C/VP/D  OFFICE ISSAND DIRECTORS  12.  OFFICE ISSAND DIRECTORS 11. ILLE  C/VP/D  Shadek Arthur J	,756 BEACHLAND BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 (0.42 and 607 16:08, Florida Statutes, the above named cornoration submits this statement for the purpose of changing its register of eight or registered agent to incit, in the State of Hords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manular with, and accept the obligations of, Section 607 00:05. Florida Statutes.    12.	VERO BEACH FL 32963				
11. Pursuant to the provisions of Sections 607 (H.02 and 607 1508; Florida Statutes, the above named corporation submits this statement for the purpose of charging its register of agent 1 and familiar with a familiar w			83		
11. Pursuant to the provisions of Sections 607 602 and 607 1508. Florads Statutes, the above named corporation submits this statement for the purpose of changing its register of often or registered agent. I am familiar with, and accept the obligations of Section 607 0506, Florads Statutes.  SIGNATURE  Signature from the purpose of changing its register of often or registered agent. State of I form its s			84 City		85 Zip Code
office or registered agent or both, in the State of Heinek. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of Socions 607 8505, Florida Statutes.  SIGNATURE  Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept the obligations of Socions 607 8505, Florida Statutes.  RICH TORIS Signature transfer and accept					
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature injusted professional descriptions of the control of the	<ol> <li>Pursuant to the provisions of Sections 607.0502</li> <li>office or registered agent, or both, in the State of</li> </ol>	-and 607-1508, Flo <b>rida Stat</b> t of Florida. Such ch <b>ange wa</b> s	utes, the above-named corporal authorized by the corporal	poration submits this statement for the purpo ation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
12. OF Regulated Agent a granter agent and set of length and set o	agent. I am familiar with, and accept the obligation	tions of, Section 60 <b>7.0</b> 505, F	lorida Statules.	, ,	•
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CITY-ST-ZIP ***150.00	NAME		6.2 NAME	000002539	<u>75</u> 0
CITY-ST-ZIP   ***150.00  14. Thereby 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 informatic indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the informatic indicated on this annual report or 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	STREET ADDRESS		6.3 STREET ADDRESS		029
14. Thereby 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 supply familal 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	CITY-ST-ZIP		6.4 CITY-ST-ZIP	*** <u>150.00</u>	
manufacture and the summer report or supply you are contact open to the same accounts and that did not only the same accounts and the supply and the same accounts and the same accoun	14. I hereby certify that the information supplied with indicated on this annual report or supplied with	In this filing does not qualify annual report is true and ac	for the exemption stated in ocurate and that my signati	n Section 119.07(3)(i), Florida Statutes, f furth ure shall have the same legal effect as if mai	ner certify that the information de under path; that I am an
officer or director of the corporation of 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 only in attachment with an indiress.	officer or director of the corporation of the recei	ver or trustee empowered to	execute this report as rec	quired by Chapter 607, Florida Statutes; and	that my name appears in

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