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 # P97000074621

1. Corporation Name

MEDICALWARE INC

2. 21

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90200 050 ***150.00

MEDICAL	LWARE, INC.							
Principal Place	of Business	Mailing Address			i (Militia) i in itili i sant diniti sat	4) WW 4)] WW 114)(111581 1151 1561
P.O. BOX 822008 SOUTH FLORIDA FL 33080		P.O. BOX 822008 SOUTH FLORIDA FL 33080			DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualifed 08/27/1997 	porated or Qualifed 97 In Applied For Not Applicable \$8.75 Additional Fee Required Impaign Financing Status Desired Added to Fees Impaign Financing Added to Fees Impaign west the current year Intangible roperty Tax. Yes No Address of New Registered Agent Imper is Not Acceptable Imper is		
2. Principal P	lace of Business	2a. Mailing Address	- 1000	$\lambda \Delta$	4. FEI Number		A	oplied For
21	_	26 1408 INGS	ST CAKE	<u> </u>	65-0778636			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	
City & Stat	Ө	City & State 28 FT. LAUDEN	dale F	7	6. Election Campaign Financing Trust Fund Contribution			•
Zip 24	Country 25	Zip 29 333/6 30	Country		This corporation owes the curre Personal Property Tax.	ent year Inte		□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
NUNEZ, MIKE 12445 KEYSTONE ISLAND DRIVE NORTH MIAMI FL 33181 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 WEST CARE 84 Name 85 Street Address (P.O. Box Number is Not Acceptable) 86 WEST CARE 87 Name						Code		
			84 City	7.	Lauderdale		33	3316
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	iorized by the corpo	corpora oration's	board of directors. I hereby accep	t the appoir	ntment as re	egistered
SIGNATURE						67=		
Signature, typed or printed 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						ORS IN 12		
12.	D OFFICERS AND	DIRECTORS	13.		ADDITIONO/OFFARES TO OFF	IOLINO AIT	[] Change	Addition
			1.2 NAME				,	_

12 тп 14445 N.E. 20TH LANE 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33181-1446 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change 6.1 TITLE ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 subselemental 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 any address, with all other like empowered. Block 12 or Block 13 if changed, or on an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)