

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90263 007 ***150.00

DOCUMENT # P98000001905

1. Corporation Name

MICROSULIS CORPORATION

Principal Place of Business

701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

65-0825184

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WLMS REGISTERED AGENTS INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Leslie J. Croland

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

200 South Biscayne Blvd.

83

Steel Hector & DAVIS LLP

84 City

Miami

FL

85 Zip Code
33131

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

Leslie J. Croland

3/9/99

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	President and Director
NAME	John Addison, M.D.
STREET ADDRESS	Pasadena Place, Smith Road
CITY-ST-ZIP	Grand Cayman, BWT
TITLE	Vice President, Secretary & Director
NAME	Marcus E. Finch
STREET ADDRESS	309 Peters Street, Apt. B
CITY-ST-ZIP	Atlanta, Ga. 30313
TITLE	Director
NAME	Brian Butters
STREET ADDRESS	Micrusulis, P.C.
CITY-ST-ZIP	11 Stratfield Park
TITLE	Director
NAME	Elettra Ave
STREET ADDRESS	Waterlogville Hampshire
CITY-ST-ZIP	England P07 7XN
TITLE	Director
NAME	Leslie J. Croland
STREET ADDRESS	9840 W. Suburban Drive
CITY-ST-ZIP	Miami, FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowerment.

SIGNATURE:

Leslie J. Croland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 305.577.7095

DATE

Daytime Phone #

0187822

CR2E034 (1/198)