

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S32833 (3)

1. Corporation Name  
MED/COM MANAGEMENT, INC.

Principal Place of Business 1500F ATLANTIC ST. MELBOURNE BCH. FL 32951	Mailing Address 1500F ATLANTIC ST. MELBOURNE BCH. FL 32951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1800 PENN STREET Suite, Apt. #, etc. 22 SUITE 3 City & State 23 MELBOURNE, FLORIDA Zip 24 32901		2a. Mailing Address 26 1800 PENN STREET Suite, Apt. #, etc. 27 SUITE 3 City & State 28 MELBOURNE, FLORIDA Zip 29 32901		3. Date Incorporated or Qualified 02/18/1991	
		4. FEI Number 59-3113267		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAGANO, ALBERT S. 1900 PALM BAY RD. NE SUITE G PALM BAY FL 32905		10. Name and Address of New Registered Agent 81 Name TALIK B. SPIRA, ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable) 5205 BABCOCK STREET N.E. 83 84 City PALM BAY, FL 85 Zip Code 32905	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STUHL MILLER, ROBERT C. 1500 F. ATLANTIC ST. MELBOURNE BCH. FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PST OLIVEIRA, C. MARIO 1800 PENN STREET, SUITE 3 MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUHL MILLER, ROBERT C. 1500 F. ATLANTIC ST. MELBOURNE BCH. FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D OLIVEIRA, C. MARIO 1800 PENN STREET, SUITE 3 MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP STUHL MILLER, ROBERT C. 1800 PENN STREET, SUITE 3 MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_

1/22/98 407/951-2618

CR2E034 (10/97)