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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90029 019 ***150.00

DOCUMENT # \$32833

1. Corporation							
MED/CO	M MANAGEMENT, INC.				1 (40)(414 (40) (40) (40)(40)(40)(40)(40)(40)	OYOUR BHEH DIĞIL GAL	
	- 6 D	Mailing Address			F INSTITUTE (AN 1971) (AND 1971) ASTRO	PIRM BIBIT BYBY BI	
(THICIPALLY ROSE OF DUBINIOSE							
1800 PENN STREET 1800 PENN STREET SUITE 3 SUITE 3						0.004.05	
MELBOURNE FL 32901 MELBOURNE FL 32901					DO NOT WRITE IN THI	S SPACE	
US US					3. Date Incorporated or Qualifed		
					02/18/1991	7 1	Cod For
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	lied For
21	26				59-3113267	\$8.75 A	Applicable
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec	
22		27			· · · · · · · · · · · · · · · · · ·	\$5.00	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28	Country		8. This corporation owes the current year I		- 1
Zip			30		Personal Property Tax.	Yes	□No
24	25				10. Name and Address of New Registere	d Agent	
	9. Name and Address of Curre	iii Kegisterea Agent	81	Name		 -	
JACI	K B SPIRA, ESQUIRE			-	L . (D.O. Day Mumber in Not Acceptable)		
	BABCOCK STREET NE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUIT			83			·	
	M BAY FL 32905					. 85 Zip C	`ada
1112	5/11 - 1 - 5-5-5		84	City	F	L 85 Zip C	,ou u
	of Sections 607.05	02 and 607 1508 Florida Statute	s the above	e-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	registered
					rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607,0505, Fior	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Ager	nt signature requi	ired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		,	Change	☐ Addition
NAME	OLIVEIRA, MARIO C		1.2 NAME				
STREET ADDRESS	ACCO DENIAL OTDEETO CLUTE O		1.3 STREET ADDRESS				
1	MELBOURCE FL 32901		1.4 CITY-ST-ZIP				=
TITLE	VP	DELETE				Change	☐ Addition
NAME	STUHLMILLER, ROBERT C	ROBERT C					
STREET ADDRESS	ARREST CHITE O		2.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP			<u> </u>	
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME							
STREET ADDRESS	s S		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				☐ Addition
TITLE	-	☐ DELETE				Change	□ vaaaaan
NAME			4. 2 NAME				
STREET ADDRESS	6		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-\$	ST-ZIP		Chanca	Addition
TITLE	DELETE		5.1 TITLE			☐ Change	
NAME			5.2 NAME				
STREET ADDRESS	5			T ADDRESS			
CITY-ST-ZIP			5.4 CITY-			[] Change	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	L Addition
NAME			6.2 NAME				
			6.3 STREE	ET ADDRESS			
STREET ADDRESS	Si i			-11400	•		

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 empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

407-951-2618