FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:32

DOCUMENT # **S38867** **(5)**

1. Corporation Name
MEDEXEC, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR SUITE 350 MIAMI FL 33126 US	5200 BLUE LAGOON DR SUITE 250 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/14/1991**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **65-0257960** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FINE, JEFFREY E
MEDEXEC, INC.
5200 BLUE LAGOON DRIVE, SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LEVINSON, MELVIN E. MD	1.2 NAME	Michael M. Cavanaugh, M.D.	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	1.3 STREET ADDRESS	5200 Blue Lagoon Drive, Suite 250	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33126	
TITLE	PD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	KUGLER, MARK	2.2 NAME	Schmidt, Stephanie	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	2.3 STREET ADDRESS	5200 Blue Lagoon Drive, Suite 250	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	VS	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FINE, JEFFREY E	3.2 NAME	Hamal, Asif	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	3.3 STREET ADDRESS	5200 Blue Lagoon Drive, Suite 250	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, STUART	4.2 NAME		
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1-16-95 (305) 262-8189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark B. Kuglee, President

01B10 CP