

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S38867** (5)

1. Corporation Name
MEDEXEC, INC.



Principal Place of Business
**5200 BLUE LAGOON DR
SUITE 350
MIAMI FL 33126
US**

Mailing Address
**5200 BLUE LAGOON DR
SUITE 250
MIAMI FL 33126
US**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
02/01/1995

4. FEE Number
65-0257960

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 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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when not sharing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LEVINSON, MELVIN E. MD	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐
PD	KUGLER, MARK	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐
VS	FINE, JEFFREY E	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐
D	KAUFMAN, STUART	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐
D	CAVANAUGH, MICHAEL T MD	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐
D	SCHMIDT, STEPHANIE	5200 BLUE LAGOON DRIVE, SUITE 250	MIAMI FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (305)262-8489

CR2E034 (12/95)