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Jun 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33126-7000
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

04/02/1996

4. FEI Number

65-0257960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LEVINSON, MELVIN E. MD
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ DELETE

NAME KUGLER, MARK
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

TITLE VS ☐ DELETE

NAME FINE, JEFFREY E
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME KAUFMAN, STUART
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CAVANAUGH, MICHAEL T MD
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME SCHMIDT, STEPHANIE
STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CHIEF EXECUTIVE OFFICER ☐ Change ☒ Addition

12 NAME BURKHART, KENNETH MD
13 STREET ADDRESS 5200 BLUE LAGOON DRIVE, SUITE 250
14 CITY-ST-ZIP MIAMI, FL 33126

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)