SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

STREET ADDRESS

Jul 14 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) THE CODING EDGE, INC. Principal Place of Business Mailing Address 801 ORIENTA AVE **801 ORIENTA AVE SUITE 1400** SHITE 1400 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 701 Central Park Dr. 59-3063168 701 Central Park Dr. Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Sanford, FL Sanford, FL 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Seminole 25 Seminole 32771 Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCUEN, JAMES 81 Name 630 RUGBY ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 85 Zip Code 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE CR2E034 MCCUEN, JAMES NAME 1.2 NAME 630 RUGBY ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 C/TY-S1-ZIP DVP TITLE DELETE 2.171716 MORIKONE, SHARON NAME 2.2 NAME 27845 C.R. 44-A STREET ADDRESS 2.3 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 THLE TITLE __ Change __ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-S1-ZIP TITLE DELETE 5 1 1111.6 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE -07/16/98---01005[,] NAME 6.2 NAME

6 3 STREET ADDRESS

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:

***150.00

FILED

The Coding Edge, Inc. Emergency Medicine

407-302-0558

407-302-0644 (Facsimile)

701 Central Park Drive, Sanford, Florida 32771



Department of State Annual Reports Filings PO Box 6327 Tallahassee, FL 32314 S50756

July 7, 1998

To Annual Reports,

We received the second notice in the mail yesterday. It came as a surprise since we have always been very diligent in returning the report in a timely manner. You will notice that we have a change of address. This may have resulted in some mismailings. Could you please be so kind as to consider waiving the reinstatement fee?

Sincerely,

James P. McCuen

President