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

APPROVED AND FILED

1995 MAY -1 PM 0:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S62355** **(0)**

1. Corporation Name

MEDCONNECT, INC.

Principal Place of Business	Mailing Address
4901 NW 17TH WAY SUITE 304 FT. LAUDERDALE FL 33309 US	4901 NW 17TH WAY SUITE 304 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: **06/21/1991**

3a. Date of Last Report: **06/09/1994**

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:

4. FEI Number: **65-0277201** ☐ Applied For ☐ Not Applicable

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

B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVENUE
SUITE 2000
MIAMI FL 33128-9965

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	11 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	STEIGMAN, DON	12 NAME	BRYAN BURKLOW	
STREET ADDRESS	5757 N. DIXIE HWY	13 STREET ADDRESS	160 N.W. 170 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	
TITLE	D	21 TITLE	President	☒ Change ☐ Addition
NAME	BIANCO, NICK	22 NAME	Bill Gil	
STREET ADDRESS	3100 DOUGLAS ROAD	23 STREET ADDRESS	4901 NW 17 WAY - STE 304	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	TUDANGER, EDWARD	32 NAME		
STREET ADDRESS	2001 WEST 68TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Director	☒ Change ☐ Addition
NAME	BRYON, WILLIAM	42 NAME	Michael French	
STREET ADDRESS	FLAGLER DR. @PALM BEACH BLVD.	43 STREET ADDRESS	Flagler Dr. at Palm Beach Lake Blvd.	
CITY-ST-ZIP	[illegible]	44 CITY-ST-ZIP	West Palm Beach, FL 33402	
TITLE	D	51 TITLE	Sec.	☒ Change ☐ Addition
NAME	LERNER, HOLLY	52 NAME	Alan Glenesic	
STREET ADDRESS	3600 WASHINGTON ST.	53 STREET ADDRESS	9960 Central Park Blvd So./Ste 405	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	D	61 TITLE	Director	☒ Change ☐ Addition
NAME	GEANES, JOHN	62 NAME	Juan Valano	
STREET ADDRESS	6200 SW 73RD ST.	63 STREET ADDRESS	7975 NW 154 Street/Ste 400A	
CITY-ST-ZIP	S. MIAMI FL	64 CITY-ST-ZIP	Miami Lakes, FL	

New 5-1-95

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: G.J. Gil 5/1/95 305 938 9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

021700 CP