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

95 APR 28 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85528** **(5)**

1. Corporation Name
MEDIFLEX SYSTEMS, INC.

Principal Place of Business	Mailing Address
397 WEKIVA SPGS RD STE 121 LONGWOOD FL 32779 US	397 WEKIVA SPGS RD STE 121 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1991
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 926 Great Pond Dr.	26 926 Great Pond Dr.
Suite, Apt. #, etc. 22 Suite 2001	Suite, Apt. #, etc. 27 Suite 2001
City & State 23 Altamonte Springs, FL.	City & State 28 Altamonte Springs, FL.
Zip / Country 24 32714 / 25 Seminole	Zip / Country 29 32714 / 30 Seminole

4. FEI Number: 59-3090836 ☐ 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

STRAUGHN, RICHARD E.
255 MAGNOLIA AVE.
WINTER HAVEN FL 33880

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	P	11 TITLE	☐ Change ☐ Addition
NAME	RICHERT, DWIGHT	12 NAME	
STREET ADDRESS	400 EAGLE LAKE LOOP RD	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	TS	21 TITLE	☐ Change ☐ Addition
NAME	RICHERT, HOLLY	22 NAME	
STREET ADDRESS	400 EAGLE LAKE LOOP RD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	UHLER, BRUCE	32 NAME	Remove Bruce Uhler
STREET ADDRESS	372 GOLDSTONE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	
Remove			
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, added or deleted, or on an attachment with an address.

SIGNATURE: Dwight D. Richert 4/12/95 407-869-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044870 CP