

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90064 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S92264

1. Corporation Name
MEDICO - FINANCIAL SYSTEMS, INC.



Principal Place of Business 2104 WEST 68TH STREET HIALEAH FL 33016	Mailing Address 2104 WEST 68TH STREET HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15327 NW 60 AVE Suite, Apt. #, etc. 22 SUITE 230 City & State 23 MIAMI LAKES, FL Zip 24 33014		2a. Mailing Address 26 15327 NW 60 AVE Suite, Apt. #, etc. 27 SUITE 230 City & State 28 MIAMI LAKES, FL Zip 29 33014		3. Date Incorporated or Qualified 11/05/1991		4. FEI Number 65-0304972		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DAY, CORLISSA 8326 DUNDEE TERRACE MIAMI LAKES FL 33016		10. Name and Address of New Registered Agent 81 Name ISABELITA TIPTON 82 Street Address (P.O. Box Number is Not Acceptable) 8427 REDNOCK LANE 83 84 City MIAMI LAKES FL 85 Zip Code 33016	
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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 Isabelita Tipton DATE 1/13/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DAY, CORLISSA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, CORLISSA	1.2 NAME	
STREET ADDRESS	8326 DUNDEE TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	S TIPTON, ISABELITA <input type="checkbox"/> DELETE	2.1 TITLE	P TIPTON, ISABELITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, ISABELITA	2.2 NAME	TIPTON, ISABELITA
STREET ADDRESS	8427 REDNOCK LANE	2.3 STREET ADDRESS	8427 REDNOCK LANE
CITY-ST-ZIP	MIAMI LAKES FL 33016	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Isabelita Tipton ISABELITA TIPTON 1/13/99 (305) 362-7316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (11/98)