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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$94541

(7)

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Feb 05	1998	8:00am
Secret	ary c	of State

MEDIS	CRIPT SERVICES, INC.				
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]					
Principal Place	e of Business	Mailing Address			Statin drāvi dilais Betai Atāvi skai
4851 N.W. 103	BRD AVE.	4851 N.W. 103RD AVE.			
SUTIE 52 SUITE 52			DO NOT WRITE IN T	HIC COACE	
SUNPISE FL 3	K3391	SUNRISE FL 33351 US		3. Date Incorporated or Qualified	THO SI AGE
] 00		00		11/15/1991	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0295851	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 31	<u>D</u>	Personal Property Tax due June 30.	☐ Yes ☐ No
ļ	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registe	rea Agent
	PKOWSKI, MICHAEL		OI Name		
	1 N.W. 103RD AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	TE 52 NRISE FL 33351		83		
SUI	NRISE FL 33351				
			B4 City		FL 85 Zip Code
11. Pursuant t	a the provisions of Sections 607.05	02 and 607 1508. Florida Statutes.	the above-named coro		
office or re	egistered agent, or both, in the Stat	to of Florida. Such change was aut	horized by the corporati	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as registered
-	II lattimai with, and accept the obii	gations of, Section 607.0300, Fioric	ia Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE: F	togistered Agent signature require	ed when rainstating) OA	7E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	L DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FILIPKOWSKI, MICHAEL		1.2 NAME		
STREET ADDRESS	4500 N. HIATUS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	- I outre	1.4 CITY-ST-ZIP		
TITLE	DST STUDYOUGH, MICHELE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FILIPKOWSKI, MICHELE 4500 N. HIATUS ROAD		22 NAME		
STREET ADDRESS	SUNRISE FL		23 STREET ADDRESS		
CITY-ST-ZIP	OUTNIGE TE	DELETE	2 4 CHY-ST-ZIP 31 TITLE		Change Addition
NAME			3 2 NAME		C Diango C T Toomon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			1		
			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I nereby 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 informatio indicated on this ennual 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: William Annual Company of the certific that the information is the information of the receiver of 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: William Annual Company of the information of the information indicates a state of the information of the