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 MAY -1 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97394** **(8)**

1. Corporation Name
MEDICAL ALERT CENTER CORP.

Principal Place of Business	Mailing Address
7400 STIRLING ROAD #1214 HOLLYWOOD FL 33024	7400 STIRLING ROAD #1214 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

2757 SW 71st Ter

3. Date Incorporated or Qualified: 12/02/1991	3a. Date of Last Report: 09/30/1994

2. Principal Place of Business 21 #807 Suite, Apt. #, etc. 22 DAVIE FL. City & State 23 FL Zip 24: 33314 County 25: USA	2a. Mailing Address 26 2757 SW 71st Ter Suite, Apt. #, etc. 27 #807 City & State 28 DAVIE FL Zip 29: 33314 County 30: USA

4. FEI Number: 65-0306919 ☐ 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

PHILLIPS, ALAN
7400 STERLING RD
STE 1214
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: ALAN Phillips
82 Street Address (P.O. Box Number is Not Acceptable): 2757 SW 71st Ter #807
83:
84 City: DAVIE FL 85 Zip Code: 33314

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: Alan Phillips — 4/25/95
(Signature(s) of current name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVS	11 TITLE	PVS	☒ Change ☐ Addition
NAME	PHILLIPS, ALAN	12 NAME	Phillips Alan	
STREET ADDRESS	7400 STERLING RD #1214	13 STREET ADDRESS	2757 SW 71st Ter #807	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	DAVIE FL 33314	
TITLE	TD	21 TITLE	TD	☐ Change ☐ Addition
NAME	PHILLIPS, ALAN	22 NAME	Phillips Alan	
STREET ADDRESS	7400 STERLING RD #1214	23 STREET ADDRESS	2757 SW 71st Ter #807	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	DAVIE FL 33314	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
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, or on an attachment with an address.

SIGNATURE: Alan Phillips — 4/25/95 — 305 412 7266
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0068580 CR