

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90251 036 \*\*\*300.00

DOCUMENT # V08150

1. Corporation Name  
MEDXEC USA, INC.

Principal Place of Business  
1701 W. HILLSBORO BLVD.  
SUITE 102  
DEERFIELD BEACH FL 33442  
US

Mailing Address  
1701 W. HILLSBORO BLVD.  
SUITE 102  
DEERFIELD BEACH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1992

4. FEI Number

65-0306539

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, RICHARD L.

~~137 LUCINA DRIVE~~ 1701 W. HILLSBORO BLVD

~~HYPOLUXO FL 33462~~ # 102

DEERFIELD BEACH, FL.  
33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME GREENLAND, GREGORY L

STREET ADDRESS 3220 NW 107TH AVENUE

CITY-ST-ZIP CORAL SPRINGS FL

TITLE VDS ☐ DELETE

NAME MYERS, MARGARET A.

STREET ADDRESS 137 LUCINA DRIVE

CITY-ST-ZIP HYPOLUXO FL

TITLE D ☐ DELETE

NAME MYERS, RICHARD L II

STREET ADDRESS 137 LUCINA DR

CITY-ST-ZIP HYPOLUXO FL

TITLE VP ☐ DELETE

NAME LIHAN, DANA

STREET ADDRESS 2808 NE 24 COURT

CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE VP ☐ DELETE

NAME LINARDI, STEPHANIE

STREET ADDRESS 2161 NE 68TH STREET

CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Margaret H. Myers

Date

Daytime Phone #

CR2E034 (11/98)

0347350