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 18 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21927 (1)

1. Corporation Name
MEDI-CARTE, INC.

Principal Place of Business	Mailing Address
~~100 NORTH TAMPA STREET, SUITE 2435 TAMPA FL 33602~~	~~100 NORTH TAMPA STREET, SUITE 2435 TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/16/1992	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 5200 Brittany Dr.So.	26 5200 Brittany Dr. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Apt. 1603	27 Apt. 1603
City & State	City & State
23 St. Petersburg FL	28 St. Petersburg, FL
Zip / Country	Zip / Country
24 33715 / 25	29 33715 / 30

4. FEI Number 59-3115823 ☑ 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	10. Name and Address of New Registered Agent
~~TREIBER, FRED K~~ ~~100 N. TAMPA ST.~~ ~~SUITE 2435~~ ~~TAMPA FL 33602~~	81 Name: Fred K. Treiber 82 Street Address (P.O. Box Number is Not Acceptable): 5200 Brittany Dr. So, 83 Apt. 1603 84 City: St. Petersburg FL 85 Zip Code: 33715

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 Fred K. Treiber FRED K. TREIBER, PRESIDENT 4-14-95
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	P	1.1 TITLE	☑ Change ☐ Addition
NAME	TREIBER, FRED	1.2 NAME	
STREET ADDRESS	~~100 NORTH TAMPA ST. STE 2435~~	1.3 STREET ADDRESS	5200 Brittany Dr. So - Apt.1603
CITY-ST-ZIP	~~TAMPA FL 33602~~	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	TREIBER, ALEXANDRA E	2.2 NAME	
STREET ADDRESS	~~100 NORTH TAMPA ST. STE 2435~~	2.3 STREET ADDRESS	2983 Bonaventure Circle, R-202
CITY-ST-ZIP	~~TAMPA FL 33602~~	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Fred K. Treiber 4-14-95 (813) 866-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRED K. TREIBER, PRESIDENT

CP