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 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V46385 (3)

1. Corporation Name
HCO NETWORKS, INC.

Principal Place of Business	Mailing Address
3502 HENDERSON BLVD SUITE 300 TAMPA FL 33609	3502 HENDERSON BLVD SUITE 300 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5 DAUPHIN ST	26 5 DAUPHIN ST
Suite, Apt #, etc. 22 SUITE 301	Suite, Apt. #, etc. 27 SUITE 301
City & State 23 MOBILE, AL	City & State 28 MOBILE, AL
Zip 24 36602 / County 25 MOBILE	Zip 29 36602 / County 30 MOBILE

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-3128012 ☐ 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

PULS, JOHN L JR
3502 HENDERSON BLVD
SUITE 300
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHELL, RICHARD T
STREET ADDRESS	5 DAUPHIN ST / STE 301
CITY ST ZIP	MOBILE AL
TITLE	VD
NAME	PULS, JOHN L JR
STREET ADDRESS	3502 HENDERSON BLVD / STE 300
CITY ST ZIP	TAMPA FL
TITLE	ST
NAME	ULMER, TAMMY
STREET ADDRESS	5 DAUPHIN ST / STE 301
CITY ST ZIP	MOBILE AL
TITLE	D
NAME	BRELAND, CHARLES K
STREET ADDRESS	P O BOX 430 N/A
CITY ST ZIP	SPANISH FORT AL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP	Melvin E. Levinson-D c/o Medexec, Inc 5200 Blue Lagoon Dr. Suite 250 Miami, FL 33126	☐ Change XX Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP	Mark B. Kugler - D c/o Medexec, Inc 5200 Blue Lagoon Dr. Suite 250 Miami, FL 33126	☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on the 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 — Date
334-432-2001 — Daytime Phone #

0203063 CP