

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

97 MAY -9 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	V52651	(9)
1. Corporation Name		
MEDPAK, INC.		

Principal Place of Business	Mailing Address
997 W. Kennedy Blvd Suite A-25 Orlando, FL 32810	997 W. Kennedy Blvd Suite A-25 ORLANDO, FL 32810

2. Principal Place of Business	2a. Mailing Address
21. State And # etc	26. State, Apt., #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
7/2/1992	1/1996
4. FET Number	Applied For Not Applicable
59-3228888	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.002, Florida Statutes	☒ Yes ☐ No

8. Name and Address of Current Registered Agent
LaVelle, Patricia 997 W. Kennedy Blvd Suite A-25 Orlando, Florida

10. Name and Address of New Registered Agent
81. Title
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Patricia LaVelle* (Type name of registered agent and file # applicable) (Date of Signature) (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	☐ Change ☐ Addition
NAME	LaVelle, Patricia	12. NAME	
STREET ADDRESS	997 W. Kennedy Blvd #A-25	13. STREET ADDRESS	
CITY, ST, ZIP	Orlando, Florida 32810	14. CITY, ST, ZIP	
TITLE	D	15. TITLE	☐ Change ☐ Addition
NAME	Kaplan, Bernard	16. NAME	
STREET ADDRESS	997 W. Kennedy Blvd #A-25	17. STREET ADDRESS	
CITY, ST, ZIP	Orlando, Fla 32810	18. CITY, ST, ZIP	
TITLE	D	19. TITLE	☐ Change ☐ Addition
NAME	Ruggieri, John	20. NAME	
STREET ADDRESS	9922 Walzer Way, Windermere, FL	21. STREET ADDRESS	
CITY, ST, ZIP	Orlando, Florida	22. CITY, ST, ZIP	
TITLE	D	23. TITLE	☐ Change ☐ Addition
NAME	Mylrea, Bruce	24. NAME	
STREET ADDRESS	1842 Wind Drift Road	25. STREET ADDRESS	
CITY, ST, ZIP	Orlando, Florida	26. CITY, ST, ZIP	
TITLE		27. TITLE	☐ Change ☐ Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		30. CITY, ST, ZIP	

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 110.07, 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. 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 attached sheet with an address.

SIGNATURE: *Patricia LaVelle* (Type name of registered agent and file # applicable) (Date of Signature) (Typed Name of Registered Agent)