

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 155007

1. Corporation Name

Mediplex Construction of Florida, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
08/04/92

3a. Date of Last Report

2. Principal Place of Business
21 197 First Avenue

2a. Mailing Address
26 197 First Avenue

4. FEEL Number
65-0351986

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Needham, MA

28 Needham, MA

8. This corporation has liability for intangible tax under s. 194.01,
Florida Statutes ☒ Yes ☐ No

24 Zip

25 Country

29 Zip

30 Country

02194

02194

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hunt, Thomas P

81 Name

Phillips Point, Suite 1000 East

82 Street Address (P.O. Box Number is Not Acceptable)

777 South Flagler Drive

83

West Palm Beach, FL 33402

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 date of signature

Signature typed or printed name of registered agent and date of signature

Signature typed or printed name of registered agent and date of signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☒ Addition
1.2 NAME	D/M
1.3 STREET ADDRESS	Abraham Gosman
1.4 CITY, ST, ZIP	513 County Road
	West Palm Beach, FL 33480
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	Jonathan S. Sherwin
2.4 CITY, ST, ZIP	197 First Ave
	Needham, MA 02194
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	V
3.3 STREET ADDRESS	Frederic H. Jacobs
3.4 CITY, ST, ZIP	197 First Ave
	Needham, MA 02194
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	T
4.3 STREET ADDRESS	Frederick Leathers
4.4 CITY, ST, ZIP	197 First Ave
	Needham, MA 02194
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	S/V
5.3 STREET ADDRESS	James Clary
5.4 CITY, ST, ZIP	197 First Ave
	Needham, MA 02194
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	100001841911
6.3 STREET ADDRESS	-05/29/96--01019--032
6.4 CITY, ST, ZIP	***200.00

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 119.02(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick R Leathers

Treasurer

4/29/96

tel 7433-1000

CR2E034 (12/95)