

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **V55007** (1)
1. Corporation Name
MEDIPLEX CONSTRUCTION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194

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NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1992

4. FEI Number

65-0351986

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 110 Cedar St

Suite, Apt. #, etc.

22 Suite 90

City & State

23 Wellesley, MA

Zip

24 02181

Country

25 USA

2a. Mailing Address

26 110 Cedar St

Suite, Apt. #, etc.

27 Suite 90

City & State

28 Wellesley, MA

Zip

29 02181

Country

30 USA

9. Name and Address of Current Registered Agent

HUNT, THOMAS P.
PHILLIPS POINT, SUITE 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GOSMAN, ABRAHAM D	15 WALNUT ST	WELLESLEY MA	<input type="checkbox"/>
VD	SHERWIN, JONATHAN S	15 WALNUT ST	WELLESLEY MA	<input type="checkbox"/>
VD	JACOBS, FREDERIC H	15 WALNUT ST	WELLESLEY MA	<input type="checkbox"/>
Y	LEATHERS, FREDERICK R	197 FIRST AVE	NEEDHAM MA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

110 Cedar St
Wellesley, MA 02181

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 from an attachment with an address.

CR2E034 (10/97)