

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V550071**

Corporation Name

MEDIPLEX CONSTRUCTION OF FLORIDA, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 030 ***550.00



Principal Place of Business
**CEDAR STREET
SUITE #90
WELLESLEY MA 02181**

Mailing Address
**110 CEDAR STREET
SUITE #90
WELLESLEY MA 02181
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip
25

Country
29

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

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

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

T-ADDRESS	PD GOSMAN, ABRAHAM D 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS	VD SHERWIN, JONATHAN S 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS	VD JACOBS, FREDERIC H 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS	T LEATHERS, FREDERICK R 110 CEDAR STREET WELLESLEY MA 02181	<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		
T-ADDRESS		<input type="checkbox"/> DELETE
T-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CR2E034 (5/99)