

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).

FILED
Sep 07, 1999 8:00 am
Secretary of State
 09-07-1999 90008 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V550071
 Corporation Name
MEDIPLX CONSTRUCTION OF FLORIDA, INC.



Principal Place of Business CEDAR STREET SUITE #90 WELLESLEY MA 02181	Mailing Address 110 CEDAR STREET SUITE #90 WELLESLEY MA 02181 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1992	
4. FEI Number 65-0351986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Zip	Country
25	29
Country	Zip
30	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUNT, THOMAS P. PHILLIPS POINT, SUITE 1000 EAST 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33402		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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
T-ADDRESS	PD GOSMAN, ABRAHAM D 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			1.2 NAME	
T-ADDRESS	VD SHERWIN, JONATHAN S 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
T-ZIP			1.4 CITY-ST-ZIP	
T-ADDRESS	VD JACOBS, FREDERIC H 15 WALNUT ST WELLESLEY MA	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			2.2 NAME	
T-ADDRESS	T LEATHERS, FREDERICK R 110 CEDAR STREET WELLESLEY MA 02181	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
T-ZIP			2.4 CITY-ST-ZIP	
T-ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			3.2 NAME	
T-ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
T-ZIP			3.4 CITY-ST-ZIP	
T-ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			4.2 NAME	
T-ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
T-ZIP			4.4 CITY-ST-ZIP	
T-ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			5.2 NAME	
T-ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
T-ZIP			5.4 CITY-ST-ZIP	
T-ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP			6.2 NAME	
T-ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
T-ZIP			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)