

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V57437 (8)

1. Corporation Name
MEDISERV, INC.

FILED
97 APR 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021
US

Mailing Address
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021-3430
US

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0360536

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MARTUS, JAY A
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTUS, JAY A	1.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	1.3 STREET ADDRESS	600002150536--1
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	-04/22/97--01048--023
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, LEWIS	2.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, DENNIS	3.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, MITCHELL	4.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CBO
STREET ADDRESS		5.3 STREET ADDRESS	MICHAEL SCHUNDLER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4651 SHERIDAN STREET, SUITE 400
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	HOLLYWOOD FL 33021
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Jay A. Martus, V.P.* DATE: 4/17/97 DAYTIME PHONE: 984-986-7170

CR2E034 (9/96)