**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V57437** 1. Corporation Name

MEDISERY, INC.

NAME

STREET ADDRESS

Principal Plac	e of Business	Mailing Address		1 12511 511501 51111 [551] 61566 61111 [551 6	
4651 SHERIDA	n street	4651 SHERIDAN STREET			
SUITE 400		SUITE 400			
HOLLYWOOD I	FL 33021	HOLLYWOOD FL 33021 US		DO NOT WRITE IN	THIS SPACE
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>08/14/1992</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0360536	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	•	5. Certificate of Status Desired [ ]	\$8.75 Additional
22		27		5. Conticate thi Status Existed [ ]	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	o[ ,	Personal Property Tax	Yes [ INo
	9. Name and Address of Current I	Registered Agent	  B1  Name	10. Name and Address of New Registe	ered Agent
MAR	RTUS, JAY A		81 Name	<i>:</i>	
4651 SHERIDAN STREET			82 Street	t Address (P.O. Box Number is Not Acceptable)	
SUITE 400					
	LYWOOD FL 33021		83		
, ,,,,,	211100012 00021		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. Thereby accept the appointment as registered					
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	a Statutes	portion of brings of the copy and a	ppowitive it do registered
SIGNATURE					
	Signature typed or printed name of registered agent as	a manage of the management of the same of	<b>=</b>	required where terristatings. [OAT	
12.	OFFICERS AND	DIRECTORS [ ] DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
	MARTUS, JAY A	LIDECTIE			27 5 2.
NAME	4651 SHERIDAN STREET, SUITE	400	1.2 NAME	00000284	
STREET ADDRESS	HOLLYWOOD FL	400	13\$TREFTADORESS	1 1047 167 331	01008012
CITY-ST-ZIP	EVPD	[   DELETE	14 O(TY - ST- Z)(*)	÷**4350.0	
TITLE	GOLD, LEWIS	( I DECENE	2171114		Clouside Elynomou
NAME	4651 SHERIDAN STREET, SUITE	400	2.2 NAME		
STREET ADDRESS	HOLLYWOOD FL	400	2351REFTADORESS		
CITY-ST-ZIP TITLE	TD	KI DELETE	2 4 CiTY-ST-ZiF 3 1 TiTLE		[ ] Change [ ] Addition
] ]	GATES, DENNIS	₽2 or ce ie			Elicitatige [ [ Nuotilot ]
NAME		400	3 2 NAME		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE HOLLYWOOD FL 33021	400	33 STREET ADDRESS	5	
CITY-ST-ZIP		[ inciere	34 CITY-S1-Zii		Fil Change F. LAdavas
TITLE	PD MITCHELL	[ ] DFLETE	4.1 T/TLF		[]] Change []] Addition
NAME	EISENBERG, MITCHELL	400	4 2 NAME		
STREET ADDRESS	4651 SHERIDAN STREET, SUITE	400	4 3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	Filogram	44 CITY-ST-ZIP	1	Mos
TITLE	COO	[] DELETE	5 1 TITLE 5 2 NAME	(00/0	Change [ ] Addition
NAME	SCHUNDLER, MICHAEL				
STREET ADDRESS	4651 SHERIDAN ST., STE 400		53 STREET ADDRESS	·	
Crry-ST-ZIP	HOLLYWOOD FL 33021	[   become	54 CITY-ST-ZIP 61 TITLE		Trange [] Add from
TITLE		[ ] DELETE	6 1 ]		[N]Change / L]Addfoon

14. Thereby 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 logal 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 any attachment with an address, with all other like empowered

April 13, 1999 (954)986-7770

SIGNATURE: 84:

635THEET ADDRESS

SIGNATURE: