

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V57437

1. Corporation Name  
MEDISERV, INC.

Principal Place of Business

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021  
US

Mailing Address

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 third party, if applicable

(NOTE: Registered Agent signature required when first filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE VPS [ ] DELETE

NAME MARTUS, JAY A  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL

TITLE EVPD [ ] DELETE

NAME GOLD, LEWIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD [X] DELETE

NAME GATES, DENNIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PD [ ] DELETE

NAME EISENBERG, MITCHELL  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL

TITLE COO [ ] DELETE

NAME SCHUNDLER, MICHAEL  
STREET ADDRESS 4651 SHERIDAN ST., STE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

000002841430--8

-04/16/99--01008--012

\*\*\*4350.00 \*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[X] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered

SIGNATURE:

By: *Mediserv, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

(954)986-7770

Exempt from Filing

0139629

CR2E034 (1/1/98)