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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **V65830** **(4)**

1. Corporation Name
MED-AI, INC.

Principal Place of Business	Mailing Address
602 COURTLAND ST. STE 400 ORLANDO FL 32804 US	602 COURTLAND ST. STE 400 ORLANDO FL 32804-1342 US

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3145074 ☐ 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

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM, JR.
39 WEST PINE ST.
ORLANDO FL 32801

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Chairman	☒ Change ☐ Addition
NAME	JERNIGAN, DONALD L.		1.2 NAME		
STREET ADDRESS	602 COURTLAND ST. STE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARRETTT, PAUL		2.2 NAME		
STREET ADDRESS	602 COURTLAND ST STE 400		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BLANCO, RAFAEL		3.2 NAME	EPSTEIN, Steven M	
STREET ADDRESS	2400 BEDFORD RD.		3.3 STREET ADDRESS	602 Courtland St. STE 400	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, TERRY		4.2 NAME		
STREET ADDRESS	601 E ROLLINS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, DIANE J		5.2 NAME		
STREET ADDRESS	602 COURTLAND ST., STE. 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, JOHN M		6.2 NAME		
STREET ADDRESS	602 COURTLAND ST. STE 400		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #