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

PŔOFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90144 035 ***150.00

DOCUN 1. Corporation MED-AI,						
Principal Place	e of Business	Mailing Address			I (fill) filme stat attat bles tittl sam sint attat atta	
602 COURTLAND ST. 602 COURTLAND ST.						
STE 400 STE 400					DO NOT WRITE IN THIS SPACE	
ORLANDO FL 32804 ORLANDO FL 32					3. Date Incorporated or Qualifed	
US		US			09/21/1992	
9 D-iii Di		2a, Mailing Address				Applied For
2. Principal Place of Business		⊢ •				ot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			A0.75	Additional ===:
		27		_		Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	·		ip Country		8. This corporation owes the current year Intangible	
24	25 29 30		5		Personal Property Tax.	□No
	9. Name and Address of Current				10. Name and Address of New Registered Agent	
			81	Name		
BERKSON, GARY			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
WILDER & BERKSON			02	011001711		
	SYMONDS AVE		83			
WINTER PARK FL 32789			24	City	85 Zip	Code
			84	1 1	FL T	
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			nt signature req	puired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	18	N. S.C. TOS Change	
TITLE	C Jernigan, Donald L.		1.2 NAME	٠ ا -	OCCUPATION MEN	
NAME				TADDDECC	GOS COURTLAND ST. STE 400	
STREET ADDRESS				TADDRESS (605 COULT DE	
CITY-ST-ZIP	ORLANDO FL	DELETE	1.4 CITY- S 2.1 TITLE	1-210	CRLANDO FL	e X Addition
TITLE	O CARDETTE BALL				MILEC 101	~
NAME			2.2 NAME	T + DODECC	C. VINCENT BROWN 602 COURTLAND ST. STE 400	.
STREET ADDRESS				TADDRESS	GOZ COUNTLAND SI.	ļ
CITY-ST-ZIP			2.4 CITY-		ORLANDO FL	e Addition
TITLE			3.2 NAME		VICE CHAIRHAN XChange STEVEN EPSTEIN	_ 1
NAME	EPSTEIN, STEVEN M 602 COURTLAND ST SUITE 400	•		TADORECC	GOZ COURTLAND ST. STE 400	
STREET ADDRESS	ORLANDO FL 32804		1	TADORESS	ORLANDO, FL	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE			e Addition
TITLE	VD Shaw, Terry		4.2 NAME		HARDIAN BLAIR	7
NAME STREET ADDRESS	601 E ROLLINS ST			TADDRESS	602 COURTLAND ST. STE 400	1
			4.4 CITY-9	T- 7IP	ORLANDO FL	Ì
CITY-ST-ZIP	VD	☐ DELETE	5.1 TITLE		TREASURER DIRECTOR X Change	e Addition
NAME	LEE, DIANE J	. 52 N			7-01 SHAW	
STREET ADDRESS	602 COURTLAND ST., STE. 400	ı	5.3 STREE	TADDRESS	GOZ COURTLAND ST. STE 400	
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-9		ORLANDO FL	
TITLE	D D	☐ DELETE	6.1 TITLE		PIRECTOR	e Addition
NAME	SIMMONS, JOHN M	_	6.2 NAME		PAUL GARRETT	
	602 COURTLAND ST. STE 400		6.3 STREE	TADDRESS ,	602 COURTLAND ST. STE 400	

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR