SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000025893 (7)**

1. Corporation Name

KOSH MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
16244 SO MILITARY TRAIL SUITE 490 DELRAY BEACH FL 33484 US	16244 SO MILITARY TRAIL SUITE 490 DELRAY BEACH FL 33484 US

2. Principal Place of Business	2a. Mailing Address
21 12300 Alt. A1A	26 12300 Alt. A1A
Suite, Apt. #, etc 22 Suite 109	Suite, Apt. #, etc 27 Suite 109
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip 24 33410 Country 25 USA	Zip 29 33410 Country 30 USA

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 03/17/1995
4. FEI Number: 65-0397499 ☐ 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

10. Name and Address of New Registered Agent

81 Name: Edward Jeryan
82 Street Address (P.O. Box Number is Not Acceptable): 8783 Citation Drive
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33418

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: Edward M Jeryan MD EDWARD M. JERYAN, MD 6-21-96
(If this is a Change of Registered Agent, Signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	WADLINGTON, LINDA	
STREET ADDRESS	13917 CRANBERRY COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	JERYEN, EDWARD	
STREET ADDRESS	8783 CITATION DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	STD	☒ DELETE
NAME	DICAPUA, JOSEPH	
STREET ADDRESS	250 SW 15TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward M Jeryan MD EDWARD M. JERYAN, MD 6-21-96 (561)627-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #