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FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P95000064404 (3)

1. Corporation Name
ABACOA MEDICAL CORP.

Principal Place of Business	Mailing Address
134 SEABREEZE CIRCLE JUPITER FL 33477	134 SEABREEZE CIRCLE JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1995

2. Principal Place of Business	2a. Mailing Address
21 530 Ibis Drive	26 530 Ibis Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip 24 33444 / Country 25 USA	Zip 29 33444 / Country 30 USA

4. FEI Number: 65-0605611 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWERS, DAVID J BROAD AND CASSEL 7777 GLADES ROAD, SUITE 300 BOCA RATON FL 33434	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	P, D	☒ Change ☐ Addition
NAME	LEE, KENNETH M.D.		1.2 NAME	LEE, KENNETH	
STREET ADDRESS	134 SEABREEZE CIRCLE		1.3 STREET ADDRESS	530 Ibis Drive	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	☐ DELETE	2.1 TITLE	S, T	☒ Change ☐ Addition
NAME	GOEBEL, DANIEL D		2.2 NAME	GOEBEL, DANIEL D.	
STREET ADDRESS	134 SEABREEZE CIRCLE		2.3 STREET ADDRESS	530 Ibis Drive	
CITY-ST-ZIP	JUPITER FL 33477		2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	500002577361	
STREET ADDRESS			3.3 STREET ADDRESS	-06/26/98--01025-040	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	4.1 TITLE	D, V	☐ Change ☒ Addition
NAME			4.2 NAME	Tanabe, M.D., Don	
STREET ADDRESS			4.3 STREET ADDRESS	530 Ibis Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	5.1 TITLE	D, V	☐ Change ☒ Addition
NAME			5.2 NAME	Zappa, M.D., Michael	
STREET ADDRESS			5.3 STREET ADDRESS	530 Ibis Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	6.1 TITLE	D, V	☐ Change ☒ Addition
NAME			6.2 NAME	Haston, M.D., Steve	
STREET ADDRESS			6.3 STREET ADDRESS	530 Ibis Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Delray Beach, FL 33444	

6/25

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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.

SIGNATURE: Kenneth Lee M.D. 6-23-98 561-744-5995