

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 841035 (9)

1. Corporation Name

ATLANTIC SCIENTIFIC CORPORATION

FILED
95 APR 24 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4300 FORTUNE PLACE
SUITE A
MELBOURNE FL 32904**

Mailing Address

**4300 FORTUNE PLACE
SUITE A
MELBOURNE FL 32904**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1978

3a. Date of Last Report

03/11/1994

4. FEI Number

50-1772576

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEITSCH, JAMES R.
4300 FORTUNE PLACE
SUITE A
W. MELBOURNE FL 32904**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WESTHEAD, DR. JOHN**
STREET ADDRESS **4300 FORTUNE PLACE; SUITE A**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE **SD**
NAME **HUDSON, LACEY A**
STREET ADDRESS **4300 FORTUNE PLACE, STE. A**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE **D**
NAME **BOURNE, WALTER**
STREET ADDRESS **4300 FORTUNE PLACE; STE. A**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE **PD**
NAME **HEITSCH, JAMES R.**
STREET ADDRESS **4300 FORTUNE PLACE; STE. A**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD**
1.2 NAME **SALMON, S**
1.3 STREET ADDRESS **4300 FORTUNE PLACE; SUITE A**
1.4 CITY - ST - ZIP **W. MELBOURNE, FL 32904**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **VD**
3.2 NAME **BIRD, ANTHONY O**
3.3 STREET ADDRESS **4300 FORTUNE PLACE; SUITE A**
3.4 CITY - ST - ZIP **W. MELBOURNE, FL 32904**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **T**
5.2 NAME **KNOX, JOHN**
5.3 STREET ADDRESS **4300 FORTUNE PLACE; SUITE A**
5.4 CITY - ST - ZIP **W. MELBOURNE, FL 32904**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(a), 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 resolver 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]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

(407) 725-8000

Date

Daytime Phone #