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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000076545 (0)**

1. Corporation Name

IMED CAPITAL CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 811893
BOCA RATON FL 33481-1893

P.O. BOX 811893
BOCA RATON FL 33481-1893

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1994

4. FEI Number

65-0525361

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, TODD E
19727 OAKBROOK CIRCLE
BOCA RATON FL 33434**

81 Name **Paul W. Levine**

82 Street Address (P.O. Box Number is Not Acceptable)
19727 Oakbrook Circle

83 **Boca Raton, FL 33434**

84 City **Boca Raton, FL** 85 Zip Code **FL 33434**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPTS** ☒ DELETE
NAME **LEVINE, TODD E**
STREET ADDRESS **19727 OAKBROOK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33434**

1.1 TITLE **Director-President** ☐ Change ☒ Addition
1.2 NAME **Howard Zukerman**
1.3 STREET ADDRESS **62 Terrehans Lane**
1.4 CITY-ST-ZIP **Syosset, NY 11791**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **Secretary-Treasurer** ☐ Change ☒ Addition
2.2 NAME **Paul W. Levine**
2.3 STREET ADDRESS **19727 Oakbrook Circle**
2.4 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, as an attachment with an address.

SIGNATURE

561-483-9942

CR2E034 (10/97)