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Corp. Tax Return

6-17-69

SPG

1st Copy

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
Secretary of State

Tallahassee, Florida

Refer to This Number
in All Correspondence

This return is due
on July 1

RECEIVED

JUN 17 11 21 AM '69 23-08-2-222417
5-7-59

1969

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cordis Corporation A.
125 N.E. 40th Street
Miami, Florida 33137

Cordis Corporation (Give exact name of corporation)		(General nature of business) 2. Medical N & D	
3125 N.E. 40th Street (Street or Post Office Box of principal place of business)		Miami (City)	Dade (County)
Florida 33137 (State)			
a. William F. Murphy, Jr., M.D. (Directors - Name)		President (Title)	Miami, Florida (Address)
b. John Sterner (Directors - Name)		Vice President & Treasurer (Title)	Miami, Florida (Address)
c. P. Howard Wills (Directors - Name)		Secretary (Title)	Miami, Florida (Address)
d. _____ (Directors - Name)		_____	_____
5. a. William F. Murphy, Jr. (Directors - Name) (Law requires at least (3) three)		William F. Murphy, Jr. (Address)	Miami, Florida
b. John Sterner (Directors - Name)		John M. Gunn (Address)	Miami, Florida
c. Dorothy E. Rowe (Directors - Name)		Elliott R. Hedge (Address)	Miami, Florida
d. Edward E. Swenson, Jr. (Directors - Name)		_____	Miami, Florida
6. John Sterner (Resident Agent Name)		_____	Miami, Florida (Address)
7. Last meeting of Directors 1969 (Month - Day - Year)		8. Corporation Active? YES (Yes or No)	9. If inactive, inactivity began _____ (Month - Day - Year)
10. If inactive, will corporation begin business in the future? _____ (Yes or No)		11. Date Incorporated 5-7-59 (Month - Day - Year)	
12. Date Qualified in Fla. _____ (Month - Day - Year)		13. Total Authorized Capital Stock:	
(No. of shares with par value)		(Par value each)	
\$ _____		(Total value)	
(No. of shares without par value)		(Par value each)	
\$ _____		(Total value)	
300,000		14. Outstanding Capital Stock: (issued)	
(No. of shares with par value)		(Par value each)	
\$ _____		(Total value)	
(No. of shares without par value)		(Par value each)	
\$ _____		(Total value)	
15. Amount of tax Due \$ 2,000.00		(d) Total (a) + (b) + (c) \$ 3,828.77	
16. Less Credit \$ _____		19. If foreign corporation, give amount of capital employed in Florida. \$ _____	
17. Memo if any \$ _____		20. If foreign corporation, give the number of States in which you do business. _____	
18. Amount of tax remitted with this return \$ 2,000.00			
21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.			

STATE OF Florida
COUNTY OF Dade

Personally appeared before me John Sterner
who deposes and says that he executed this certificate for and in behalf of said corporation and
that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 10th day of June 1969.

Notary Seal

Attest: P. Howard Wills
Secretary

Signature of Notary taking acknowledgment

Send Original (with Remittance) TO FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

(SEE INSTRUCTIONS ON BACK OF LAST COPY)