

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000064404 (3)

1. Corporation Name

ABACOA MEDICAL CORP.

Principal Place of Business

134 SEABREEZE CIRCLE
JUPITER FL 33477

Mailing Address

134 SEABREEZE CIRCLE
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

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

2. Principal Place of Business

2a. Mailing Address

21 530 Ibis Drive
Suite, Apt. #, etc.

26 530 Ibis Drive
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Delray Beach, FL

28 Delray Beach, FL

24 Zip

Country

29 Zip

Country

24 33444

25

USA

29 33444

30

USA

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

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME LEE, KENNETH M.D.
STREET ADDRESS 134 SEABREEZE CIRCLE
CITY-ST-ZIP JUPITER FL 33477

1.1 TITLE ☒ Change ☐ Addition

P, D
1.2 NAME LEE, KENNETH
1.3 STREET ADDRESS 530 Ibis Drive
1.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE ☐ DELETE

D
NAME GOEBEL, DANIEL D
STREET ADDRESS 134 SEABREEZE CIRCLE
CITY-ST-ZIP JUPITER FL 33477

2.1 TITLE ☒ Change ☐ Addition

S, T
2.2 NAME GOEBEL, DANIEL D.
2.3 STREET ADDRESS 530 Ibis Drive
2.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

5000002573261
-06/26/98-01029-040
***150.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

D, V
4.2 NAME Tanabe, M.D., Don
4.3 STREET ADDRESS 530 Ibis Drive
4.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

D, V
5.2 NAME Zappa, M.D., Michael
5.3 STREET ADDRESS 530 Ibis Drive
5.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

D, V
6.2 NAME Haston, M.D., Steve
6.3 STREET ADDRESS 530 Ibis Drive
6.4 CITY-ST-ZIP Delray Beach, FL 33444

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

K. Motham Lee mo

2-13-98

561744-9995

CR2E034 (10/97)