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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 497200 (6)

1. Corporation Name
MICROMED, INC.

Principal Place of Business
5113 NORTH DAVIS HWY., SUITE 13
PENSACOLA FL 32503

Mailing Address
5113 NORTH DAVIS HWY., SUITE 13
PENSACOLA FL 32503-2035



2. Principal Place of Business
21 5625 Dixie Drive
Suite 7

22 City & State
Pensacola, FL 32503
23 Zip
32503

24 Country
USA

2a. Mailing Address
26 5625 Dixie Drive
Suite 7

27 City & State
Pensacola, Florida
28 Zip
32503

30 Country
USA

3. Date Incorporated or Qualified
02/23/1976

3a. Date of Last Report
01/19/1996

4. FEI Number
59-1650562
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

9. Name and Address of Current Registered Agent

HINSON, MICHAEL
5113 NORTH DAVIS HWY., SUITE #12
PENSACOLA FL 32503
5625 Dixie Drive
Suite 7,
Pensacola, FL
32503

10. Name and Address of New Registered Agent

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DP ☐ DELETE
NAME HINSON, MICHAEL
STREET ADDRESS 5113 NORTH DAVIS HWY, SUITE #12 address change
CITY-ST-ZIP PENSACOLA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Hinson, Michael
1.3 STREET ADDRESS 5625 Dixie Drive, Suite 7
1.4 CITY-ST-ZIP Pensacola, Florida 32503
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 904478-5238
Date Daytime Phone #

CR2E034 (9/96)