FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 20 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **570879** **(7)**

1. Corporation Name
GLOBE MEDICAL, INC.

Principal Place of Business	Mailing Address
9291-130TH AVENUE NO. SUITE 410 LARGO FL 34643	9291-130TH AVENUE NO. SUITE 410 LARGO FL 34643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1978
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1183 CEDAR STREET	26 1183 CEDAR STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SAFETY HARBOR, FL	28 City & State: SAFETY HARBOR, FL
24 Zip: 34695 25 Country: USA	29 Zip: 34695 30 Country: USA

4. FEI Number: 59-1821867 ☐ 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	10. Name and Address of New Registered Agent
ZINNECKER, HAL P. 9291 - 130TH AVENUE, NORTH SUITE 410 CLEARWATER FL 33515	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1183 CEDAR STREET 83 84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	ZINNECKER HAL P.	12 NAME	
STREET ADDRESS	9291 - 130TH AVENUE, NORTH SUITE 410	13 STREET ADDRESS	1183 CEDAR STREET
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ZINNECKER, D L	22 NAME	
STREET ADDRESS	717 KERRIA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MCALLEN, TX 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ZINNECKER, R.O.	32 NAME	
STREET ADDRESS	6440 EVERHART #11G	33 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ANASTASIADES, A.	42 NAME	
STREET ADDRESS	2256 CURLEW ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: A. Anastasiades **A. ANASTASIADES, TREASURER** **4/15/95** **813-789-9512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403A78 CP