	PROFIT RPORATION WAL REPORT 1996		∄ }	ra B. Morth etary of Sta	am te			
DOCU 1. Corporation	MENT #	644299	(0)					
	AW MEDICAL, I	NC.						
Principal Place	e of Business		Mailing Address					
4909 B MOI PENSACOLA			4909 B MOBILE HW PENSACOLA FL 3250					
6. Dissisal D	Name of Division	-				3. Date Incorporated or Qualified 11/06/1979	3a. Date of Last 04/21/1	•
1	lace of Business	ļ-··	2a. Mailing Address 26			4. FEt Number 59-1950309		Applied For Not Applicable
Suite, Apt.	#, etc.	2	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional
City & State	0		City & State	***************************************		Election Campaign Financing Trust Fund Contribution	\$5.	.00 May Be
Zip	Со. 25	Intry	Zip	Coi	intry	8. This corporation has liability fo	r intangible tax under	ded to Fees s 199.032,
		dress of Current Re	29 gistered Agent	30		Florida Statutes X Ye 10. Name and Address of New	s No Registered Agent	
BASHA	w, robert w				81 Name			
7008 C	REEL DR COLA FL 32506					dress (P.O. Box Number is Not Accepta	able)	
	A A				83			
PENSAL	00LA 1 E 02000				64			
		actions 607 0502 and	COZ 1EOO Florido Chal		84 City			Zip Code
11. Pursuant	to the provisions of Se	actions 607.0502 and the State of Florida. Si ligations of, Section 60	607.1508, Florida Statu luch change was authori 07.0505, Florida Statute	tes, the abo zed by the os.		pration submits this statement for the pu ard of directors. I hereby accept the app	- FL	•
11. Pursuant	to the provisions of Se red agent, or both, in this ith, and accept the ob-	actions 607.0502 and the State of Florida. Si ligations of, Section 60 are of registered agent and titl	07.0505, Florida Statute	5.	ve-named corporation's boa	ard or directors. I hereby accept the app	urpose of changing its pointment as register	s registered office ed agent. I am
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