

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **648688** (0)

1. Corporation Name  
**AMBIOMED INTERNATIONAL, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9: 33

Principal Place of Business Mailing Address  
**8493 SOUTH ELIZABETH AVE. 8493 SOUTH ELIZABETH AVE.**  
**PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/11/1979</b>		3a. Date of Last Report <b>04/01/1994</b>	
4. FEI Number <b>59-196197</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>8493 SOUTH ELIZABETH AVE.</b> 22 Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO BOX 22672</b> 27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 <b>PALM BEACH GARDENS</b>		City & State 28 <b>PALM BEACH GARDENS</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 <b>33420</b>		Country 25 <b>P.</b>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**HOOKEY, LIESELOTTE M.**  
**8493 SOUTH ELIZABETH AVE.**  
**PALM BCH GARDENS 33418**

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 re-registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOKEY, LIESELOTTE M.</b>	1.2 NAME	
STREET ADDRESS	<b>8493 S ELIZABETH AVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PALM BCH GARDENS FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOKEY, W. RAYMOND</b>	2.2 NAME	
STREET ADDRESS	<b>8493 S ELIZABETH AVE.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PALM BCH GARDENS FL</b>	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

**REMITTED BY MAY 1**

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)(b), 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: Lieselotte M. Hookey **4/14/95** **4076267973**  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Typed Name)