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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

650019

(3)

LAKE COUNTY SURGICAL AND MEDICAL SUPPLY, INC.

FILED Apr 24 1998 8:00am Secretary of State



21 1034 W DIXIE AV Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Actric Fee Required \$8.75 Actric Fee Required Trust Fund Contribution Added to Country Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. Trust Fund Contribution Added to Country Suite, Apt. #, etc. Suite, Apt. #	
LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE	Applicable
28. Mailing Address 29. Mailing Address 21. 1034 W DIXTE AV 22. Suite, Apt. #, etc. 23. City & State 24. FEI Number 25. Principal Place of Business 26. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. City & State 20. City & State 20. City & State 21. Country 21. Country 22. Country 23. LEESBURG FI, Country 24. FEI Number 25. Op-2105670 26. Certificate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. Apr. #, etc. 29. Country 29. Country 20. Country 20. Country 20. Country 21. Country 21. Country 22. Country 23. LEESBURG FI, Country 24. FEI Number 25. Apr. #, etc. 26. Certificate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. This corporation owes or has paid the current year Inta	Applicable
2. Principal Place of Business 2. Mailing Address 4. FEI Number App 21 1034 W DIXIE AV 26 1034 W DIXIE AV Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Req City & State City & State City & State 2. City & State City & State City & State Country Country Country Country 4. FEI Number App 59-2105670 Not Status Desired Fee Req Trust Fund Contribution Added to App App App App App App App App App Ap	Applicable
Suite, Apt. #, etc. 22 City & State City	Iditional
27 State Fee Req	
23 LEESBURG FI. 28 LEESBURG FI. Trust Fund Contribution Added to Zip Country S. This corporation owes or has paid the current year Inta	ulred
Zip Country Zip Country 8. This corporation owes or has paid the current year Intal	
	ngible
24 34748 25 USA 29 34748 30 USA Personal Property Tax due June 30. X Yes	No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name	
734 NORTH THIRD STREET, SUITE 407-1 LEESBURG FL 34748 Street Address (P.O. Box Number is Not Acceptable) 1034 W DIXTE AV	
83	-
84 City FL 85 Zip C	
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered gistered
SIGNATURE	
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PDS DELETE 1.1 TITLE 1.1 TITLE	Addition
NAME SENNETT, SHIRLEY H 1.2 NAME	
STREET ADDRESS 734 N THIRD ST, STE 407-1 1.3 STREET ADDRESS 1034 W DIXIE AV	
CITY-ST-ZIP LEESBURG FL 34748 1.4 CITY-ST-ZIP LEESBURG FL 34748	
TITLE VO DELETE 2.1 TITLE Change	Addition
NAME SENNETT, TIMOTHY H. 2.2 NAME	
STREET ADDRESS 704 BOYLE ST. 2.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change	Addition
NAME 4.2 NAME	Brown C. Op. 47 L. 1997
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME : 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 11TLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I bereby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

Indicated on this annual report or supplied with this hing does not quality for the exemption stated in section 119.07(5)(i), Florida Statutes. Further certify that find 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.