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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90021 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 688828

1. Corporation Name

SANA-MED, INC.

Principal Place	e of Business	Ma	ailing Address				- 1 196110 61101 10161 10101 11			1 44411 81811 1887
2950 TANGERIN	Æ TERR.	29:	50 TANGERINE TERR.							
PALM HARBOR FL 34684 PALM HARBOR FL 34684							DO NOT	WDITE IN	THIS SPACE	
							3. Date Incorporated or Qua		THIS SPACE	
							09/24/1980	meu		1
2 Principal Di	lace of Business	22	Mailing Address				4. FEI Number		Δ	Applied For
·	lace of business	}—¬	. Walling Address				59-2040759			lot Applicable
21 Suite, Apt. #	# atc	26	Suite, Apt. #, etc.				35 2040135			Additional
	π, θιο.	27	Carto, r.pr. n, cro.				5. Certificate of Status Desire	ed 🗆		Required
City & State		21	City & State				6. Election Campaign Finance	rina _	\$5.00	May Be
23	•	28	,				Trust Fund Contribution	y	•	to Fees
Zip	Country		Zip	Coun	try		8. This corporation owes the	current v	ear Intangible	·
24	25	29	•	30			Personal Property Tax.		☐Yes	□No
<u>1</u>	9. Name and Address of Co		stered Agent				10. Name and Address of N	ew Regis	tered Agent	
			· · · · · · · · · · · · · · · · · · ·		81 N	ame				
HART, JOSEPH FRANCIS						root Addre	ress (P.O. Box Number is Not Acceptable)			
2950 TANGERINE TERR.			82 Street Ad			ileet Addie	1 .Q. DOX (1011DC) 13 (1017)	воршью		
PALN	M HARBOR FL 33563				33					
				F		<u> </u>			les Zie	Code
				ľ	84 C	ity			FL 85 Zip	Code
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	State of Florio	da. Such change was a	uthonzed	by the	corporation	n's board of directors. I hereby	ccept the	appointment as r	egistered
SIGNATURE	,	•					W. C. Colontation		ATE.	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title	if applicable. (NOTE	Registered A		ature required	when reinstating)		ATE RS AND DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registers OFFICER	•	if applicable. (NOTE	Registered A	gent sign	ature required	when reinstating) ADDITIONS/CHANGES TO			
SIGNATURE 12.	Signature, typed or printed name of registers OFFICER	ed agent and title	if applicable. (NOTE	13.	gent sign	exture required			RS AND DIRECT	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER PD HART, JOSEPH FRANCIS	ed agent and title	if applicable. (NOTE	13. 1,1 TITL	gent sigr E				RS AND DIRECT	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registers OFFICER PD HART, JOSEPH FRANCIS 2950 TANGERINE TERR.	ed agent and title	if applicable. (NOTE	13. 1.1 TITL 1.2 NAM	gent sign E IE EET ADD	RESS			RS AND DIRECT	
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition