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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 845501

(6)

Corporation Name
 WHITTAKER GENERAL MEDICAL CORPORATION

Principal Place of Business

Mailing Address

8741 LANDMARK RD RICHMOND VA 23228

P.O. BOX 27654 RICHMOND VA 23261-769 FILED May 01 1996 8:00 am Secretary of State



RICHMOND VA 23228 RICHMOND VA 23261-76												
2. Principal F	Name of David		···						3. Date Incorporated or Qualified 3a. Date of Las 03/18/1980 05/01/	t Report 1995		
		ark Road	2a. 26	Mailing Address 8741 LAN		,	₽.	n	4. FEI Number 94-2640465	Applied For		
Suite, Apt.	#. etc	prek koad	[26]	Suite, Apt. #, etc.	OMA	NE K	V.	DHID	94-2040400	Not Applicable		
22 Crty & State				27					F ₀	75 Additional se Required		
23 R10	HMOND	Va	28	City & State RICH MODO		A				.00 May Be Ided to Fees		
Zip 2 3	228	Country ()SA	-==1	Zp 23278		Country			This corporation has liability for intangible tax unde	rs 199.032,		
		and Address of Curren	29 Poglet	A D L C D	30	ုပ) f-	1	Florida Statutes 🔲 Yes 🗌 No			
		The real cost of correct	inegisi	tereo Agent		81		Name	10. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC.						Name						
801 NE 167TH ST., STE. 305 MIAMI BCH. FL 33162						82	5	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
						83	ļ					
	JOI. 1 E 00	106				83						
						84	Ť	City	85	Zip Code		
11. Pursuant	to the provision	ons of Sections 607 0502	and 607	7 1509 Florida Statuta	0. 100		l			,		
or register	red agent, or l	both, in the State of Florid of the obligations of, Section	a. Such	change was authorize	d by tr	apove-r	ora	ilea corpora ition's boar	ration submits this statement for the purpose of changing it and of directors. I horeby accept the appointment as register	s registered office		
	ин, ани ассер.	л тө оонданын өт, беси	n 607.C	J505, Honda Statutes.					system of the system of the system	co agent. I pm		
SIGNATURE.	Signature, typed o	or printed halve of registered agont a	nd tri e I ac	colcable MO1	F. Burner	or d Anon			d whore run stating) DATE			
12.		OFFICERS AND				3.	1, 514	a he regured	ADDITIONS/CHANGES TO OFFICERS AND DIREC	7050 111 40		
TITLE	CEOP		*	DELETE		1 TITLE			Chang			
NAME	NIELSO	n, steven b			1.	2 NAME			[_] Griang	e [] Addition		
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CITY-ST-ZIP	RICHMO)ND VA				4 CITY - S						
TITLE	COOV			DELETE		1 TOLE			ILE PRESIDENT/CONTROLLE Chang	e 🙀 Addilion		
NAME		N, JAMES C			2.	2 NAME		Ke	EVIN F. HOLT	e 🛅 Addition		
STREET ADDRESS		IELMSLEY ROAD			2:	3 STREET	ADO	RESS LC	012 SWILLTON LANE			
CITY-ST-ZIP		HIAN VA				4 CITY - ST			RICHMOND VA 23233			
TITLE	CPCE			DELETE		1 TITLE			Chang	e		
NAME		N, STEVEN B			3 3	2 NAME			وين ماهاي	- D Vadition		
STREET ADDRESS	ľ	ROMWICH COURT			33	3 STREET	ADE	DRESS				
CITY-SI-ZIP	RICHMO	ND VA				4 CITY-SI		į.				
TITLE	VC			DELETE		1 TITLE			☐ Change	Addition		
NAME		EWIGHT F III			4.2	2 NAME			Onling.	, LJ Addition		
STREET ADDRESS		CUESTA ROAD			4.3	STREET /	ADD	RESS				
CITY-ST-ZIP	SANTA /	ANA UA			4.4	I CITY-ST	- 71	>				
TITLE	SV	DONALD		DELETE		1 TIFLE		1	Change	: F Add tion		
NAME		R, DONALD B			5.2	NAME			L	tJ .00 .101		
STREET ADDRESS		STOVER HILLS BLVD			5.3	STREET	ADDI	RESS				
CITY-ST-ZIP	RICHMO VAT	NU VA			5 4	CITY-ST	- ZIF	,				
TITLE		VIAN DODENT		DELETE	6	1 TITLE			Change	Addition		
NAME		KIAN, ROBERT			62	NAME			bread 0 ·			
STREET ADDRESS		LNUT DRIVE			6.3	STREET	ADDA	RESS				
CITY-ST-ZIP	MIDLOTE				64	CITY-SI	- 21P	,		İ		
14. TOO hereby	/ certify that th	e information supplied wit	h this file	ina is valuntarily furniel	and or	d door		t a valify for	46.			

certify that the information supplied with 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 of 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 change for a part of the corporation with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

1801) 764-7632 Daytime Prone 1