

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 853936

(3)

1. Corporation Name

SHERWOOD MEDICAL COMPANY

Principal Place of Business

1831 OLIVE ST.
ST. LOUIS MO 63103

Mailing Address

1831 OLIVE ST.
ST. LOUIS MO 63103-1722

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

08/30/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

13-3106295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CONSIDINE, JOHN R.
FIVE GIRALDA FARMS
MADISON NE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROHMAN, KENNETH W.
1915 OLIVE STREET
ST. LOUIS MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LOW, D. A.
1915 OLIVE ST
ST. LOUIS MO

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EMERLING, C. G.
FIVE GIRALDO FARMS
MADISON NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POLITOWSKI, ALAN J.
1915 OLIVE ST
ST. LOUIS MO

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NEE, THOMAS M.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
SECRETARY
LACH, ELLEN M
FIVE GIRALDA FARMS
MADISON, N.J.
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Thomas M. NEE Vice President 4/29/97

CR2E034 (9/96)