

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of CORPORATIONS

**APPROVED
AND
FILED**

05 MAY -1 AM 5:23

DOCUMENT # F55873 (6)

1. Corporation Name:

A B MEDICAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**907 5TH ST W
PALMETTO FL 34221**

Mailing Address:

**907 5TH ST W
PALMETTO FL 34221**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **11/24/1981** 3a. Date of Last Report: **06/08/1994**

4. FEI Number: **59-2782797** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business:
21. **612 - 7TH STREET W.**

2a. Mailing Address:
26. **612 - 7TH STREET W.**

State, Apt. # etc.

State, Apt. # etc.

22. City & State:
23. PALMETTO, FL

27. City & State:
28. PALMETTO, FL

24. **34221**

25. **34221**

29. **34221**

30. **34221**

9. Name and Address of Current Registered Agent

**AUBREY, RAYMOND H.
907 5TH ST. W.
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81. Name: **AUBREY, RAYMOND H.**
82. Street Address (P.O. Box Number is Not Acceptable): **612 - 7TH STREET W.**
83.
84. City: **PALMETTO** FL 85. Zip Code: **34221**

11. Pursuant to the provisions of Sections 607.0602 and 607.0608, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am further willing and agreeable to the provisions of Sections 607.0602 and 607.0608, Florida Statutes.

SIGNATURE:

[Signature]

Raymond H. Aubrey

5/1/95

12. OFFICERS AND DIRECTORS

12a. NAME	ST
12b. STREET ADDRESS	BEDDOW, CREIGHTON
12c. CITY & STATE	907 5TH ST W PALMETTO FL 34221
12d. NAME	P
12e. STREET ADDRESS	AUBREY, RAYMOND
12f. CITY & STATE	907 5TH ST W PALMETTO FL 34221
12g. NAME	
12h. STREET ADDRESS	
12i. CITY & STATE	
12j. NAME	
12k. STREET ADDRESS	
12l. CITY & STATE	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	ST	☒ Change ☐ Addition
13b. STREET ADDRESS	AUBREY, RAYMOND H.	
13c. CITY & STATE	612 - 7TH STREET W. PALMETTO, FL 34221	
13d. NAME		☒ Change ☐ Addition
13e. STREET ADDRESS	612 - 7TH STREET W.	
13f. CITY & STATE	PALMETTO, FL 34221	
13g. NAME		☐ Change ☐ Addition
13h. STREET ADDRESS		
13i. CITY & STATE		
13j. NAME		☐ Change ☐ Addition
13k. STREET ADDRESS		
13l. CITY & STATE		
13m. NAME		☐ Change ☐ Addition
13n. STREET ADDRESS		
13o. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), Florida Statutes. I further certify that the information included 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, in the case of a trustee empowered to execute this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

[Signature] *Raymond H. Aubrey*

5/1/95