DOCUMENT #   F77770   (8)     HEBERTON MEDICAL, INC.   HEBERTON MEDICAL, INC.     Principal Place of Business   Maing Address     2011 N HATUS RD   2011 N HATUS RD     Suffer 10   2011 N HATUS RD     Suffer 10   2011 N HATUS RD     Suffer 10   2000FER CITY FL 33026     2   Principal Place of Business     21   Suffer, Apt. #, etc.     22   Suffer, Apt. #, etc.     23   Suffer, Apt. #, etc.     24   Suffer, Apt. #, etc.     25   Suffer, Apt. #, etc.     26   Suffer, Apt. #, etc.     27   Suffer, Apt. #, etc.     28   Suffer, Apt. #, etc.     29   20     20   Country     28   29     29   20     20   Country     29   20     20   Country     21   Suffer, Apt. #, etc.     20   Country     21   20     220   Country     23   29     30   Rocontraction hastability for intarpoble tax u
2811 N HATUS RD SUITE 120 COOPER CITY FL 33026   2811 N HATUS RD SUITE 120 COOPER CITY FL 33026   3. Date Incorporated or Qualified Od/26/1982   3. Date of Last Report Od/26/1982     2. Principal Place of Business   2a. Mailing Address   4. FEI Number Suite, Apt. #, etc.   3. Date Incorporated or Qualified Od/26/1982   3a. Date of Last Report Od/26/1982     2. Principal Place of Business   2a. Mailing Address   4. FEI Number Suite, Apt. #, etc.   5. Certificate of Status Desired   \$87.75 Address     2.   21   City & State   6. Election Campaign Financing   \$87.75 Address   Fee Requires     3.   0. Name and Address of Current Registered Agent   Country   8. This corporation has kability for intangible tax unders 199. Fiorida Statutes   Yes   Not     4.   25   29   30   For Regulation   10. Name and Address of New Registered Agent     KOLLAREK, ELIZABETH E 40039 TAMIAMI TRAIL, N. NAPLES FL 33940   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)   83     Image: Street Address (P.O. Box Number is Not Acceptable)     NATION OF MICHAIN FRAIL, N. NAPLES FL 33940     Image: Street Address (P.O. Box Number is Not Acceptable)     Image: Street Address (P.O. Box Number is Not Acceptable)   Date for the approxis
21   22. Mailing Address   4. FEI Number   00/01/1030     Suite, Apt. #, etc.   26   59-2193835   Appli     Suite, Apt. #, etc.   27   5. Certificate of Status Desired   \$8.75 Address     21   27   City & State   6. Election Campaign Financing   \$8.75 Address     3   28   28   7.000 Million   \$4.75 Address     30   29   20   Country   28   \$5.00 Million     4   25   29   30   8. This corporation has liability for intangible tax under s 199.     4   25   29   30   8. This corporation has liability for intangible tax under s 199.     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     KOLLAREK, ELIZABETH E   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)     NAPLES FI. 33940   83   City   FL   65   Zo Cod     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 register dagent and registered agent and the it agnole was authorized by the corporation's board of directors. I hereby accept the appointment as registe
Suite, Apt. #, etc.   Suite, Apt. #, etc.<
City & State   27   b. Certificate of Status Desired   S6.75 Adc     3   City & State   b. Certificate of Status Desired   Fee Requirement     3   28   City & State   b. Election Campaign Financing   S5.00 Ma     4   25   29   30   Provide Status   S5.00 Ma     9. Name and Address of Current Registered Agent   6. Election Campaign Financing   S5.00 Ma     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     4   25   29   30   Street Address (P.O. Box Number is Not Acceptable)     9. Name and Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent with, and acception objections of Sections 607.0502 and 607.1508, Florida Statutes.   83     84   City   FL   85   Zp Code     9. Name and corporation submits this statement for the purpose of changing its registered agent with, and acception objections of Sections 607.0502 and 607.1508, Florida Statutes.   FL   85   Zp Code     9. Provide Statute of Registered agent with, and acception objections of Sections 607.0502 and 607.1508, Florida Statutes.   Phote provide Statutes.   Phote propointment as registered agent
31   28   6. Election Campaign Financing Trust Fund Contribution   \$5.00 Ma Added to F     21p   Country   21p   Country   1   Trust Fund Contribution   Added to F     25   29   30   8. This corporation has liability for intangible tax under s   199.     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     KOLLAREK, ELIZABETH E 4099 TAMIAMI TRAIL, N. NAPLES FL 33940   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)     84   City   FL   85   Zip Codd     9. Name and Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register familiar with and acceptive obligations of Section 607.0502 and 607.1508, Florida Statutes.   83     84   City   FL   85   Zip Codd     9. Signaburu t typed complications of Sections 607.0502 and 607.1508, Florida Statutes.   Note Registered Agent equation is board of directors. I hereby accept the appointment as registered agent familiar with and acceptive obligations of Section 607.0502 and 607.1508, Florida Statutes.   Note Registered Agent equation resulting   Date     IGNATURE   OFFICERS AND DIRECTORS   INOTE Registered Agent equation resulting equation resulting
4   25   29   30   Country   8. This corporation has liability for intangible tax under s 199. Florida Statutes   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     KOLLAREK, ELIZABETH E 4099 TAMIAMI TRAIL, N. NAPLES FL 33940   81   Name     1. 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 register familiar with and acceptifie obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register     I. 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 register     Isingland and acceptifie obligations of Sections for 0.507.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register     IGNATURE   OFFICERS AND DIRECTORS     NOTE Registered Agent signature required when reinstating   DATE     OFFICERS AND DIRECTORS   13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   DATE     ME   HEBERTON, ANTHONY W.   Change
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name
KOLLAREK, ELIZABETH E 4099 TAMIAMI TRAIL, N. NAPLES FL 33940   82   Street Address (P.O. Box Number is Not Acceptable)     83   84   City   FL   85   Zip Code and corporation submits this statement for the purpose of changing its register familiar with, and acceptable obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register familiar with, and acceptable obligations of Sections for the purpose of changing its register familiar with, and acceptable obligations of Sections
OFFICERS AND DIRECTORS I3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE I.1 TITLE Change    Chan
ME HEBERTON, ANTHONY W.
REE1 ADDRESS     2611 N HIATUS RD. STE 120     1.2 NAME       IY-ST-ZIP     COOPER CITY FL     1.3 STREE1 ADDRESS       LE     1.4 City-ST-ZIP
DELETE     2.1 TillE     Change     A       IME     22 NAME     23 STREET ADDRESS     23 STREET ADDRESS     24 CiTY - ST - ZiP     24 CiTY - ST - ZiP
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DELETE     4.1 Title     Change     Ad       LET ADDRESS     4.2 NAME     4.3 STREET ADDRESS     4.3 STREET ADDRESS     4.4 Clty-st-zip
DELETE DELETE DELETE DELETE DELETE DELETE DELETE S1 TITLE Change Add S1-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP
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