FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F91642** **(1)**

1. Corporation Name

ANMED, INC.

Principal Place of Business	Mailing Address
% BRUCE D. ANDERSEN 3383 SW 11 AVE FT. LAUDERDALE FL 33315	% BRUCE D. ANDERSEN 3383 SW 11 AVE FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1982**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. # etc. (22): Suite, Apt. # etc. (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **59-2203969** ☐ 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 § 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSEN, BRUCE D
3383 SW 11 AVE
FT. LAUDERDALE FL 33315

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 Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	C	1 Title	☐ Change ☐ Addition
2 Name	ANDERSEN, BRUCE D	2 Name	
3 Street Address	1752 W. RIVER RD.	3 Street Address	
4 City, St, Zip	PALATKA FL	4 City, St, Zip	
5 Title	S	5 Title	☐ Change ☐ Addition
6 Name	ANDERSEN, SALLY J	6 Name	
7 Street Address	1752 W. RIVER RD.	7 Street Address	
8 City, St, Zip	PALATKA FL	8 City, St, Zip	
9 Title	P	9 Title	☐ Change ☐ Addition
10 Name	ANDERSEN, DONALD B.	10 Name	
11 Street Address	P.O. BOX #4360, NA	11 Street Address	
12 City, St, Zip	FT. LAUDERDALE FL	12 City, St, Zip	
13 Title	T	13 Title	☒ Change ☐ Addition
14 Name	FILLETTE, STEPHEN M.	14 Name	T FILLETTE, STEPHEN M.
15 Street Address	1150 NW 77 AVENUE	15 Street Address	10901 N.W. 6TH ST.
16 City, St, Zip	FT. LAUDERDALE FL	16 City, St, Zip	PLANTATION, FL 33324
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 above or on an attachment with an asterisk.

SIGNATURE: *Stephen Fillette* STEPHEN FILLETTE 05/05/95 462-3901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0224268 CP