

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000055 (5)

1. Corporation Name

CONTOUR MEDICAL, INC.



Principal Place of Business

3340 SHERER DRIVE NORTH
SUITE B
ST. PETERSBURG FL 33716

Mailing Address

3340 SHERER DRIVE NORTH
SUITE B
ST. PETERSBURG FL 33716

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLANAGAN, GERALD J
3340 SHERER DRIVE
ST. PETERSBURG FL 33716

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/30/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
77-0163521

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of person authorized to file this report (if not the same as the signature of the registered agent, sign here)

(If the registered agent is signing, sign here)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	BROGOON, CHRIS	
STREET ADDRESS	6000 LAKE FOREST DR STE 200	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	PTD	☐ DELETE
NAME	FLANAGAN, GERALD J	
STREET ADDRESS	3340 SHERER DR.	
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	
TITLE	S	☐ DELETE
NAME	REES, PHILIP	
STREET ADDRESS	600 LAKE FOREST DR, STE 200	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	TUCKER, DARREL	
STREET ADDRESS	6000 LAKE FOREST DR, STE 200	
CITY-STATE-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 this corporation or the registered or fastest 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 this address.

SIGNATURE:

G. J. FLANAGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

Display Photo #

CR2E034 (12/95)