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 APR 11 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000573 (6)**

1. Corporation Name
TOKOS MEDICAL CORPORATION

Principal Place of Business	Mailing Address
1821 EAST DYER ROAD SANTA ANA CA 92705	1821 EAST DYER ROAD SANTA ANA CA 92705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 94-2913333 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	BASON, JOHN R	1.2 NAME	Terry Bayer	
STREET ADDRESS	1821 EAST DYER ROAD	1.3 STREET ADDRESS	1821 E. Dyer Road	
CITY-ST-ZIP	SANTA ANA CA 92705	1.4 CITY-ST-ZIP	Santa Ana, CA 92705	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MIONE, NICHOLAS A	2.2 NAME		
STREET ADDRESS	1821 EAST DYER ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92705	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	Vice President-Lega. & Sec.	☒ Change ☐ Addition
NAME	LARKIN, JEFFREY B	3.2 NAME	Andrew D. Simons	
STREET ADDRESS	1821 EAST DYER ROAD	3.3 STREET ADDRESS	1821 E. Dyer Road	
CITY-ST-ZIP	SANTA ANA CA 92705	3.4 CITY-ST-ZIP	Santa Ana, CA 92705	
TITLE	CDP	4.1 TITLE	Chairman/Director	☒ Change ☐ Addition
NAME	BYRNES, ROBERT F	4.2 NAME	Robert F. Byrnes	
STREET ADDRESS	1821 EAST DYER ROAD	4.3 STREET ADDRESS	1821 E. Dyer Road	
CITY-ST-ZIP	SANTA ANA CA 92705	4.4 CITY-ST-ZIP	Santa Ana, CA 92705	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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. 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, added or deleted with an address.

SIGNATURE: _____ Andrew D. Simons, VP-Legal & Sec. 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0492487 FP