## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000798 (8)

F & S MEDICAL, INC.

| FILED              |   |  |  |  |  |  |  |  |  |
|--------------------|---|--|--|--|--|--|--|--|--|
| Feb 18 1998 8:00am | 1 |  |  |  |  |  |  |  |  |
| Secretary of State |   |  |  |  |  |  |  |  |  |

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| Principal Place      | cipal Place of Business Mailing Address   |  |                                |   |                         | n 1601160 tila (814) alati antis salis salis antis antis antis antis salis salis salis salis salis salis salis |                                       |                              |  |
|----------------------|---|--|--------------------------------|---|-------------------------|--|---------------------------------------|------------------------------|--|
| 1836 N FEDERAL HWY   |   |  |                                |   |                         |  |                                       |                              |  |
| SUITE 111            | 011 54 80400  | SUITE 111  |                                |   |                         | DO NOT WRITE IN THIS SPACE   |                                       |                              |  |
| DELRAY BEAC          | OH FL 33483   | US   | DELRAY BEACH FL 33483          |   |                         | 3. Date Incorporated or Qualified  |                                       |                              |  |
| 00                   |   |  |                                |   |                         | 02/17/1994   |                                       |                              |  |
| 2. Principal P       | ace of Business   | 2a. Mailing Address  |                                |   |                         | 4. FEI Number  | 1 7                                   | Applied For                  |  |
| 21/19/ 1             | 1. FEDERAL HWY  | 26 1191 N. FEDERAL HWY   |                                |   |                         | 94-3178864   | [ <del>-</del>                        | Not Applicable               |  |
| Suite, Apt.          |   | Suite, Apt. #, etc.  |                                |   |                         |  | S8.75                                 | Additional                   |  |
| 22                   |   | 27   | 27                             |   |                         | 5. Certaicate of Status Desired  | Fee                                   | Required                     |  |
| City & State         | 9   | City & State   |                                |   |                         | 6. Election Campaign Financing   | \$5.0                                 | <b>О</b> Мау Ве              |  |
| 23                   |   | 28   |                                |   |                         | Trust Fund Contribution  | Adde                                  | d to Fees                    |  |
| Zıp                  | Country   | Zip  | Coun                           | ry  |                         | 8. This corporation owes or has paid   |                                       |                              |  |
| 24                   | 25  | 29]  | 30                             |   |                         | Personal Property Tax due June 3   |                                       | ∐ No                         |  |
|                      | 9. Name and Address of Currer   | it Registered Agent  |                                | 1 Na  | ame                     | 10. Name and Address of New Regi   | stered/Agent                          |                              |  |
| NR                   | AI <b>S</b> ERVICES, INC.   |  | "                              | ויי   | arrie                   |  | v                                     |                              |  |
|                      | B EAST PARK AVENUE  |  | 8                              | 2 Str   | reet Addre              | ess (P.O. Box Number is Not Acceptable   | )                                     |                              |  |
| TAL                  | LLAHASSEE FL 32301  |  | L.                             | 3   |                         |  |                                       |                              |  |
|                      |   |  | ļ°                             | 3   |                         |  |                                       |                              |  |
|                      |   |  | 8                              | 4 Cit   | ty                      |  | <b>85</b> Ziş                         | Code                         |  |
| <u>,, </u>           |   |  | <u> </u>                       |   |                         |  | FL 85 Z                               |                              |  |
| 11. Pursuant I       | to the provisions of Sections 607.050<br>egistered agent, or both, in the State | i2 and 607.1508, Florida <b>Stat</b><br>of Florida. Such change wa | tutes, the abo<br>s authorized | ive-nar<br>by the                             | med corpo<br>corporatio | oration submits this statement for the pur<br>on's board of directors. I hereby accept                         | pose of changing<br>the appointment a | its registered is registered |  |
| agent. I a           | m familiar with, and accept the oblig   | ations of, Section 607.0505,                                       | Florida Statut                 | es.   | ·                       | , ,  | , ,                                   | , I                          |  |
| SIGNATURE            |   |  |                                |   |                         |  | -,                                    |                              |  |
|                      | Signature, typed or printed name of registered ago<br>OFFICERS AN               | <u></u>  | 13.                            | gent sigi                                     | nature require          | d when reinstating)  ADDITIONS/CHANGES TO OFFICE   | DATE<br>DS AND DIRECTO                | ARS IN 12                    |  |
| 12.                  | POT   | DELETE   | 1.1 TOTAL                      | :   | 1                       | ADDITIONS/CHANGES TO OFFICE  | 13 And DinLore                        |                              |  |
| NAME                 | DANKS, JOHN K   |  | 1.2 NAM                        |   | 1                       |  | 7                                     |                              |  |
| STREET ADDRESS       | ASSA SA PERMITA ANARA ALMERIA   |  |                                | -   | CACOM HWY CUTTE III     |  |                                       |                              |  |
|                      |   |  |                                | STREET ADDRESS //9/ N. PEDEKNO 1141 3 5 5 5 1 |                         |  |                                       |                              |  |
| CITY-ST-ZIP<br>TITLE | AS  | DELETE   | 2.1 TITLE                      |   |                         |  | Change                                | Addition                     |  |
| NAME                 | DURHAM, J P JR  |  | 2.2 NAM                        |   |                         |  | <i>(</i>                              | 1                            |  |
|                      | AAAA MANAMEET OLOO AAA AAAAAAA AAA  |  |                                | STREET ADDRESS 1800 REPUBLIC CENTER, 633 CHES |                         |  | 633 CHESTM                            | JUT ST                       |  |
| STREET ADDRESS       | CHATTANOOGA TN  |  |                                | 2.4 CITY-ST-ZIP                               |                         | or Kerting.  |                                       | İ                            |  |
| CITY-ST-ZIP<br>TITLE | ONATIANOUGA IN  | DELETE   | 3.1 TITLE                      |   | <del></del>             | · · · · · · · · · · · · · · · · · · ·  | Change                                | Addition                     |  |
| NAME                 |   | Diccit   | 3.1 HILL                       |   |                         |  |                                       | . 13070011                   |  |
| ·-··-                |   |  |                                | et addr                                       | ree                     |  |                                       | Į                            |  |
| STREET ADORESS       |   |  |                                |   | 1                       |  |                                       | f                            |  |
| CITY-ST-ZIP<br>TITLE |   | DELETE   | 4.1 TITLE                      | '-ST-ZIP                                      | -                       |  | ☐ Change                              | Addition                     |  |
| NAME                 |   |  | 4. 2 NAN                       |   | 1                       |  |                                       |                              |  |
|                      |   |  |                                | et addr                                       | FCC                     |  |                                       |                              |  |
| STREET ADORESS       |   |  |                                | -ST-ZIP                                       | - 1                     |  |                                       |                              |  |
| CITY+ST-ZIP<br>TITLE |   | DELETE   | 5.1 TITLE                      |   |                         | <del> </del>   | ☐ Change                              | Addition                     |  |
| NAME                 |   | 01001E   | 5.2 NAM                        |   |                         |  |                                       |                              |  |
| STREET ADDRESS       |   |  |                                | ET ADDR                                       | F88                     |  |                                       |                              |  |
|                      |   |  | 5.4 CITY                       |   |                         |  |                                       |                              |  |
| CITY-ST-ZIP<br>TITLE |   | ☐ DELETE   | 6.1 TITLE                      |   | -                       |  | ☐ Change                              | Addition                     |  |
| :                    |   |  | 6.2 NAM                        |   |                         | •  | المانان ب                             | . 10011.011                  |  |
| NAME                 |   |  |                                | ET ADDR                                       | ree                     |  |                                       |                              |  |
| STREET ADDRESS       |   |  |                                |   | 100                     |  |                                       |                              |  |
| CITY-ST-ZIP          | portify that the information expedied w   | ith this files does not qualify                                    |                                | -ST-ZIP                                       | ctated in S             | Section 119 07(3\fi) Florida Statutes I fu   | rther certify that th                 | se information               |  |

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address.