

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006631 (5)

1. Corporation Name

DERMAQUEST SURGICAL SUPPLY, INC.



Principal Place of Business

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address

8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
12/28/1994

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. g. Name and Address of Current Registered Agent

g. Name and Address of Current Registered Agent

MILLSAPS & THAMES, P.A.
121 W. FORSYTH ST.
SUITE 600
JACKSONVILLE FL 32202

4. FEI Number
23-2686140

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

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDREWS, LORRAINE
STREET ADDRESS 8400 BAYMEADOWS WAY., SUITE 3
CITY-STATE-ZIP JACKSONVILLE FL 32256

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VD
NAME MASHEK, EDWARD R
STREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 3
CITY-STATE-ZIP JACKSONVILLE FL 32256

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE SD
NAME KRAEMER, WALTER H
STREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 3
CITY-STATE-ZIP JACKSONVILLE FL 32256

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
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 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 or is changed upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)