

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

102

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001819 (0)

1. Corporation Name

MANATEE MEDICAL PRODUCTS AND SERVICES, INC.



Principal Place of Business

Mailing Address

6000 MARKET SQUARE CT.  
SUITE 200  
CLEMMONS NC 27012

P.O. BOX 1670  
CLEMMONS NC 27012

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

56-1588335

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOETZ, GALEN  
2415 SOUTH VOLUSIA AVENUE  
SUITE A4  
ORANGE CITY FL 32763

81 Name  
GOETZ, GALEN

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

83

84 City  
Deltona

FL

85 Zip Code  
32725

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 title, if applicable

NOTE: Registered Agent's Signatures are required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
P  
HERZOG, L P  
STREET ADDRESS  
2415 VOLUSIA AVE.  
CITY-STATE-ZIP  
ORANGE CITY FL 32763

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
Laverne P. Herzog  
1.3 STREET ADDRESS  
689 Deltona Blvd.  
1.4 CITY-STATE-ZIP  
Deltona, FL 32725

TITLE ☐ DELETE

NAME  
V  
AUSTIN, JEWEL  
STREET ADDRESS  
2828 WINDING WAY  
CITY-STATE-ZIP  
LILBURN GA 30247

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
See attached

TITLE ☐ DELETE

NAME  
V  
COVELL, BRUCE  
STREET ADDRESS  
6655 S.W. 7TH  
CITY-STATE-ZIP  
MARGATE FL 33068

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
500001783455  
3.3 STREET ADDRESS  
-04/17/96--01022--013  
3.4 CITY-STATE-ZIP  
\*\*\*200.00

TITLE ☐ DELETE

NAME  
S  
HUTCHINS, FAYE  
STREET ADDRESS  
6000 MARKET SQUARE CT.  
CITY-STATE-ZIP  
CLEMMONS NC 27012

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
AS  
Jo Ann Page  
4.3 STREET ADDRESS  
689 Deltona Blvd.  
4.4 CITY-STATE-ZIP  
Deltona, FL 32725

TITLE ☒ DELETE

NAME  
T  
SWAIN, W. STEWART  
STREET ADDRESS  
6000 MARKET SQUARE CT.  
CITY-STATE-ZIP  
CLEMMONS NC 27012

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
C/CEO  
Swain, W. Stewart  
5.3 STREET ADDRESS  
6000 Market Square Ct.  
5.4 CITY-STATE-ZIP  
Clemmons, NC 27012

TITLE ☐ DELETE

NAME  
AS  
PAIGE, JOANNE  
STREET ADDRESS  
6000 MARKET SQUARE CT.  
CITY-STATE-ZIP  
CLEMMONS NC 27012

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
CFO/T  
M. Rebecca Muenchow  
6.3 STREET ADDRESS  
6000 Market Square Court  
6.4 CITY-STATE-ZIP  
Clemmons, NC 27012

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 if changed, or on an attachment with an address.

SIGNATURE:

Laverne P. Herzog  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

407-860-0689

CR2E034 (12/95)

ADDENDUMOFFICERS

Chief Executive Officer, Vice  
President, Chairman of the  
Board and Assistant Secretary: W. Stewart Swain  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

President, Vice President  
and Assistant Secretary: Laverne P. Herzog  
689 Deltona Blvd.  
Deltona, Florida 32725

Vice President of  
Operations: Jewel Austin  
2828 Winding Way  
Lilburn, Georgia 30247

Regional  
Vice President: Bruce Covell, Jr.  
6655 Southwest 7th  
Margate, Florida 33068

Vice President, Director of  
Reimbursement, and Assistant  
Secretary: Troy Curry  
600 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Vice President, Treasurer, Chief  
Financial Officer and Assistant  
Secretary: Becky Muenchow  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Secretary: Faye Hutchins  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Assistant Secretary: Jo Ann Page  
689 Deltona Blvd.  
Deltona, Florida 32725