

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000613**

1. Corporation Name
VITALCOM INC.

Principal Place of Business

15222 DEL AMO AVE.
TUSTIN CA 92680

Mailing Address

15222 DEL AMO AVE.
TUSTIN CA 92680

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

33-0538926

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

92780

25

29

92780

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME CDO
STREET ADDRESS SAMPLE, FRANK
CITY-ST-ZIP 15222 DEL AMO AVE
TUSTIN CA 92780

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
STREET ADDRESS THUNEN, SHELLEY
CITY-ST-ZIP 15222 DEL AMO AVE.
TUSTIN CA 92680

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Thunen, Shelley
2.3 STREET ADDRESS 15222 Del Amo Ave.
2.4 CITY-ST-ZIP Tustin, CA 92780

TITLE ☐ DELETE
NAME D
STREET ADDRESS WEGLUCKI, TIMOTHY
CITY-ST-ZIP ONE SOUTH STREET
BALITMORE MD 21202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS HACKETT, PATRICK
CITY-ST-ZIP 466 LEXINGTON AVE., 10TH FL
NEW YORK NY 10017

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS LASERSOHN, JACK W
CITY-ST-ZIP 338 VILLAGE LANE
LOS GATOS CA 95030

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Lasersohn, Jack W.
5.3 STREET ADDRESS 100 Newtown Lane, Suite 2
5.4 CITY-ST-ZIP East Hampton, NY 11937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

COPIES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

(714) 546-0147

Daytime Phone #

CR2E034 (11/98)