

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

001234

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90003 021 \*\*\*150.00

**DOCUMENT # F97000003049**

1. Corporation Name  
**INMED CORPORATION**

Principal Place of Business  
**2450 MEADOWBROOK PARKWAY  
DULUTH GA 30136**

Mailing Address  
**2450 MEADOWBROOK PARKWAY  
DULUTH GA 30136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/11/1997**

4. FEI Number

**13-2779077**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 30096 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30096 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EMM, DAVID F	
STREET ADDRESS	2450 MEADOWBROOK PKWY.	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CHANCE, STEVEN K	
STREET ADDRESS	630 W GERMANTOWN PIKE	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	BYRNE, THOMAS M	
STREET ADDRESS	155 S LIMERICK RD.	
CITY-ST-ZIP	LIMERICK PA 19468	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BOYER, DAVID S	
STREET ADDRESS	630 W. GERMANTOWN PIKE	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZEARFOSS, HERBERT K	
STREET ADDRESS	155 S. LIMERICK RD.	
CITY-ST-ZIP	LIMERICK PA 19468	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, MARTHA J	
STREET ADDRESS	2450 MEADOWBROOK PKWY.	
CITY-ST-ZIP	DULUTH GA 30136	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	ARTHUR FRAGAKIS
6.4 CITY-ST-ZIP	2450 MEADOWBROOK PKWY DULUTH GA 30096

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

770 623-0816

Daytime Phone #

CR2E034 (11/98)