

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

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99 AUG -5 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # F97000004311

1. Corporation Name
Seramed, Inc.

Principal Place of Business
**1717 W Tennessee St.
Tallahassee, FL 32304**

Mailing Address
**780 Park North Blvd.
Suite 110
Clarkston, GA 30021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 [] Suite, Apt. #, etc. []
22 [] City & State []
23 [] Zip [] Country []

2a. Mailing Address
26 [] Suite, Apt. #, etc. []
27 [] City & State []
28 [] Zip [] Country []

3. Date Incorporated or Qualified

4. FEI Number
58-2142226

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Harold J. Tenoso, Ph.D.	
STREET ADDRESS	780 Park North Blvd. Ste. 110	
CITY-ST-ZIP	Clarkston, GA 30096	
TITLE	Vice President, Treasurer, Secretary	<input type="checkbox"/> DELETE
NAME	Russell H. Plumb	
STREET ADDRESS	780 Park North Blvd. Ste. 110	
CITY-ST-ZIP	Clarkston, GA 30096	
TITLE	Asst. Secretary	<input type="checkbox"/> DELETE
NAME	F. Janey Christine	
STREET ADDRESS	780 Park North Blvd. Ste. 110	
CITY-ST-ZIP	Clarkston, GA 30096	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	800002951108--8
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	8599
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ DATE: **28/07/1997** DAYTIME PHONE #: **401-296-9395**

2



ACCOUNT NO. : 072100000032
 REFERENCE : ~~329209~~ 4302173
 AUTHORIZATION : *Patricia Pignatelli*
 COST LIMIT : \$558.75

ORDER DATE : August 3, 1999
 ORDER TIME : 9:42 AM
 ORDER NO. : 329209-065
 CUSTOMER NO: 4302173
 CUSTOMER: Gil Jo, Legal Asst
 Swidler Berlin Shereff
 919 Third Avenue
 New York, NY 10022

ANNUAL REPORT FILING

NAME: SERAMED, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS: _____

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 59 AUG -5 AM 10:35
 NEW YORK