

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F98000004413**

1. Corporation Name

**LORS MEDICAL CORPORATION**

Principal Place of Business

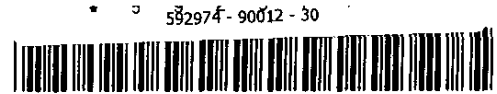
**544 JULIAN ALLSBOOKE  
ROANOKE RAPIDS NC 27870**

Mailing Address

**544 JULIAN ALLSBOOKE  
ROANOKE RAPIDS NC 27870**

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90012 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/04/1998**

4. FEI Number

**56-1238538**

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. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME **CP**  
**LYNCH, DONALD R**  
STREET ADDRESS **544 J.R. ALLSBROOKE ROAD**  
CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE ☐ DELETE

NAME **W**  
**HEATON, PAUL W**  
STREET ADDRESS **544 J.R. ALLSBROOKE ROAD**  
CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE ☐ DELETE

NAME **S**  
**LYNCH, LISA M**  
STREET ADDRESS **544 J.R. ALLSBROOKE ROAD**  
CITY-ST-ZIP **ROANOKE RAPIDS NC 27870**

TITLE ☐ DELETE

NAME **D**  
**MCCLEAN, RICHARD**  
STREET ADDRESS **FIRST UNION TOWER**  
CITY-ST-ZIP **GREENSBORO NC 21962**

TITLE ☐ DELETE

NAME **D**  
**MYERS, RUSSELL**  
STREET ADDRESS **FIRST UNION TOWER**  
CITY-ST-ZIP **GREENSBORO NC 21962**

TITLE ☐ DELETE

NAME **T**  
**BOEHM, DOROTHY A**  
STREET ADDRESS **544 JULIAN ALLSBROOKE ROAD**  
CITY-ST-ZIP **ROANOKE NC 27870**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

*Dorothy Boehm, Treasurer*

Date

Daytime Phone #

**7-13-99**

CR2E034 (5/99)

0124539