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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G28377

(1)

1. Corporation Name

CENTRAL FLORIDA MEDICAL, INC.

Principal Place of Business

Mailing Address

% EVERETT HARRY WEIGHTMAN
343 OVERSTREET DRIVE
LONGWOOD FL 32750

% EVERETT HARRY WEIGHTMAN
343 OVERSTREET DRIVE
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1983

4. FEI Number

59-2292127

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1363 WAYNE AVENUE

Suite, Apt. #, etc.

22

City & State

23 NEW Smyrna Bch. Fla

Zip

24 32168

Country

25 U.S.A

2a. Mailing Address

26 1363 WAYNE AVENUE

Suite, Apt. #, etc.

27

City & State

28 NEW Smyrna Bch. Fla

Zip

29 32168

Country

30 U.S.A

9. Name and Address of Current Registered Agent

WEIGHTMAN, EVERETT HARRY
343 OVERSTREET DRIVE
LONGWOOD FL 32750

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

Everett Harry Weightman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 8, 1998
Date

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WEIGHTMAN, EVERETT HARRY
STREET ADDRESS 343 OVERSTREET DRIVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ST ☐ DELETE

NAME WEIGHTMAN, CAROL ANN
STREET ADDRESS 343 OVERSTREET DRIVE
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1363 WAYNE AVENUE
NEW Smyrna Bch. FL 32168

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1363 WAYNE AVENUE
NEW Smyrna Bch. FL 32168

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 *Everett Harry Weightman*

Feb 9 1998

CR2E034 (10/97)