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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90006 002 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K35749

MATHEWS MEDICAL, INC.

	r.					
Principal Place of Business Mailing Address					A CAMERALLI MEN SITER DELIT LEBEL MINI INTE	014 - 01 014 - 01 014 014 014 014 014 014 014 014 014
811 LUTZ LAKE FERN RD W. 811 LUTZ LANE FERN RD.			W.			
LUTZ FL 33549 LUTZ FL 33549						
JS _, US				DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 09/30/1988 	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26				65-0075021	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8,75 Additional
27				5. Certificate of Status Desired	Fee Required	
City & State City		City & State	ity & State		6. Election Campaign Financing	\$5.00 May Be
23 28		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Cou		Cou	ntry	8. This corporation owes the current year	Intangible
24	25 29 30		30	Personal Property Tax. Yes □No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent
14				81 Name		,
MA]	ITHEWS, MICHELLE L.			90 Ct 111	(0.0 0)	
811 LUTZ LAKE FERN RD. W.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LUTZ FL 33549				83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RELEASE SERVICE
	•					
				84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
44 Purguant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	. the at	nove named con	poration submits this statement for the purpose	of shanning its registered
office or	registered agent, or both, in the State (of Florida. Such change was au	ithorized	by the corporate	ion's board of directors. I hereby accept the ap-	pointment as registered
agent. La	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statu	ites.	, , , , , , , , , , , , , , , , , , , ,	· , ,
SIGNATURE	<u></u>					:
				Agent signature require	ed when reinstating)	
12.	PSVT OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	MATTHEWS, MICHELLE L.	□ beceie	1.1 TIT		1. 5 F. F. G. W. F.	☐ Change ☐ Addition
NAME	·		1.2 NA	1		•
STREET ADDRESS			1.3 ST	REET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		_	Y-ST-ZIP		
TITLE		☐ DELETE	2.1 TIT	LE		☐ Change ☐ Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STI	REET ADDRESS	gr · · ·	·,
CITY-ST-ZIP			2.4 CI	TY-ST-ZIP		
TITLE , ,		DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME			3.2 NA	ME		9. s. * 3.
STREET ADDRESS			3.3 STF	REET ADDRESS	ا معند دخت د الصورات بي الموقع والوالد	
CITY-ST-ZIP						to a security and some contact property in a party of
TITLE	 		34 €⊓	IY-ST-ZIP	그는 그는 그는 그는 그를 하는 것이 없었다. 그는 그들은 그는 것이 없었다. 그는 것이 없는 것이 없는 것이 없었다.	
NAME		☐ DELETE	_	IY-ST-ZIP LE	<u> </u>	Change T Addition
		☐ DELETE	4.1 T/T	LE .	 ४०० ५१० तम् । १८०५ मध्य ४ १८ १ १८ १ १८ १८ १८ १८ १८ १८ १८ १८ १८ १८	Change () (Addition
11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		☐ DELETE	4.1 T/TI 4.2 NA	LE .	ा १०० वहाँ तरिक्षा (चारा वर्षा) व राज्य हार्य है १ (२००१) हैर (चारावी स्वर्ध राज्ये क्षेत्र राज्ये क्षेत्र राज्ये क्षेत्र राज्ये क्षेत्र राज्ये क्षेत्र हैं।	Change Addition
STREET ADDRESS		DELETE	4.1 TITI 4.2 NA 4.3 STF	LE ME REET ADDRESS		Change Addition
STREET ADDRESS			4.1 T/T/ 4.2 NA 4.3 STF 4.4 C/T	LE ME REET ADDRESS Y-ST-ZIP	भाग कहाँ होता है जिस्सी है जिस सहित है है है है है र विश्वास है है जो की दुस्ति न है है है है है है र	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 T/TI 4. 2 NA 4.3 STF 4.4 C/T 5.1 T/TI	LE ME REET ADDRESS Y-ST-ZIP LE	4 10 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 T/III 4.2 NA 4.3 STF 4.4 C/IT 5.1 T/III 5.2 NA/	LE	4 からまでが起これが、4 から 4 から 8 かき できながら 2 から 2	
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 T/ITI 4.2 NA 4.3 STF 4.4 C/IT 5.1 T/ITI 5.2 NA/ 5.3 STF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	त्र च वहाँ त्रीत वाल महित्र है है है है है है र विश्वति है तो वह सुन्देश सहित्र है है है कि क्षेत्र के विश्वति है है है	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	r 11	DELETE	4.1 T/ITI 4.2 NA 4.3 STF 4.4 C/IT 5.1 T/ITI 5.2 NAF 5.3 STF 5.4 C/IT	LE	4 (1) 4 (1	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 T/ITI 4.2 NA 4.3 STF 4.4 C/IT 5.1 T/ITI 5.2 NA/ 5.3 STF	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	4 (1) 4 (1	

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-18-99