FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 27 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K48169** **(2)**

1. Corporation Name
CARLETON MEDICAL CORPORATION

Principal Place of Business	Mailing Address
2079 CONSTITUTION BLVD SARASOTA FL 34231	2079 CONSTITUTION BLVD SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/18/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1530 Eastbrook Drive	26 1530 Eastbrook Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sarasota , FL	28 Sarasota, FL
24 Zip 34231 / 25 Country USA	29 Zip 34231 / 30 Country USA

4. FEI Number: **65-0091541** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BANKS, WHIT T.
2079 CONSTITUTION BLVD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable): 1530 Eastbrook Drive

03

04 City: Sarasota, **FL** 05 Zip Code: 34231

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: Whit T. Banks PRESIDENT WHIT T. BANKS 4-24-95
Signature(s) and/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	BANKS, WHIT T.	1.2 NAME		
STREET ADDRESS	4653 PINE HARRIER DR.	1.3 STREET ADDRESS	1530 Eastbrook Drive	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	BATES, TIMOTHY O.	2.2 NAME	DELETE	
STREET ADDRESS	7726 WHITE ASH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	BANKS, PHYLLIS	3.2 NAME		
STREET ADDRESS	4653 PINE HARRIER DRIVE	3.3 STREET ADDRESS	1530 Eastbrook Drive	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Whit T. Banks WHIT T. BANKS PRESIDENT 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0330101 CR