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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 18 1998 8:00am Secretary of State

1	on Name	` '			
I HI-CII	TY MEDICAL CORPORATION	l		A MAIRIN AGE ANIA SERI ARMA AGEN AGEN AGEN	IAN BIBN BIBN BIBN BIBN 1884
Principal Plac	ce of Business	Mailing Address		T SORIBUIT DOT DIVID HINTE DOTA (1841) QUAL QUAL B	iosa asaan atan Biosh pibli shar
455 N. INDIAN ROCKS ROAD 455 N. INDIAN ROCKS RO					
BELLEAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770			770	DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	O THOL
				12/16/1988	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	4 -4	26		59-2920893	Not Applicable
22 Suite, Apt.	स, <b>⊝</b> IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	current year Interfaible
24	25	29	30	Personal Property Tax due June 30.	Yes No
40	9, Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
CEE IN MEDIAN DAN					
SUITE 4-A			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
LARGO FL 34641 33771			63		
			01 01		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statutes.	norts board or directors, I hereby accept the ap	ppointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND Dipportone IN 40
TITLE	Ď	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
NAME	JOHNDROW, HAROLD, JR.		1.2 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS RD.		1.3 STREET ADDRESS		
CITY-SI-ZIP	BELLEAIR BLUFFS FL 33770		1.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	2.1 TITLE		Change Addition
NAME	BARODY, MICHAEL A		2.2 NAME		
STREET ADDRESS	455 N. INDAIN ROCKS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770 DPVT	T DELETE:	2.4 CITY-ST-ZIP		
TITLE NAME	BUCKLES, WILLIAM G., JR.	☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	455 N. INDIAN ROCKS RD.		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	VELTMAN, GREG	-	4. 2 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEARI FL		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		Change Addition
NAME	LANDT, TIMOTHY L		5.2 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	- Increise	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		1	6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information cumplied with	h this filling does not avalle for	6.4 CITY-ST-ZIP	Continue 110 07/200) Florido Ciatata I faulta-	

thereby bearing trial 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 is 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 of the receiver or truster 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 in an address.