## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K85829

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AMITY MEDICAL CORPORATION

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Principal Place	of Business
3305 N.W.	7TH STREET

Mailing Address

3305 N.W. 7TH STREET MIAMI FL 33125

MIAMI FL 33	1125		MIAMI PL 33125									
							3.	Date Incorporated or <b>05/05/1989</b>	Qual-fied		of Last R <b>04/27/1</b>	
2. Principal Plac	e of Business	2a.	Mailing Address				4.	FEI Number				Applied For
21		26						65-0116581	<u> </u>		_,-	Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status D	Desired	<b>[3</b>		5 Additional Required
City & State		L,	City & State				6.	Election Campaign Fi	_		<b>-</b>	00 May Be
23		28	7 -				<u> </u>	Trust Fund Contribution				ed to Fees
Zip	Country 25	29	Zip	30	untry		0.	This corporation has I Florida Statutes	iiaoiiity ioi ir		x unider 5	199 032.
24	9. Name and Address of Current		tered Agent	1301	Τ		10.	Name and Address			Agent	
					81	Name	O 1 1/1	DIO DIVILIO				
CAMEJ	O, EMILIO				82	Street Add	CAM dress (P	<b>EJO EMILIO</b> .O. Box Number is Not	t Acceptable	e)		
5555 C	OLLINS AVE #5W							5 N.W. 7th				
Miami i	BEACH FL 33140				83							
					84			W.T.		FL		ip Code 3125
11. Pursuant to	the provisions of Sections 607.050?	and 60	7.1508, Florida Statutes	s, the abo	JI ove r	sound cons	MIAI oration s	submite this statement	for the purp	iose of cha	angina ite	remistered office
or registere familiar with	i the provisions of Sections 507,0502 o agent, or both, in the State of Florid i, and acceptine obligations of Secti	la Such on 60%	i change was authorize 0005. Florida Statutes	d by the	corp	oration's bo	ard of a	krectors. I hereby acce	ot the appo	intment as	registered	dagent lam
SIGNATURE.	( ) Mush	1(0)	uncesy	(	6	14/61	00	n m e VD	/	S	(30)	196
	igranze நோற்சமாகள் dregisteral agests OFFICERS AND			F. Feeg Jend. ■ 13.	1 Ages	d signed in the per	rod where i	-ADD/TIONS/CHANGE	S 10 OFF	OFRS AND	DIRECTO	ORS IN 12
12.	D OFFICERS AINL	7 L7 ME C	DELETE	1 1 1	THLE	T	- n	ABBITIOTIO OF A TOTAL			Change	
NAME	CAMEJO, EMILIO			128	AME		D	MEJO EMILI	0			
STREET ADDRESS	5555 COLLINS AVE #5W			135	STREET	ADDRESS		05 N.W. 7t		TEET		
CITY - ST - ZIP	MIAMI FL			140	DTY-S	iT - ZiP		AMI FL 331	25			
TITLE	D		<b>X</b> DELETE	2.1	Tiltf		D			(	Change	☐ Addition
NAME	CAMEJO, ISABEL R.			22 N				MEJO ISABE				
STREET ADDRESS	5555 COLUNS AVE #5W					ADDRESS	33	05 N.W. 7t AMI FL 331	h_STI	REET		
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CITY-ST-Z-P						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)(k). 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 or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROS DIRECTOR

F. W. / LO CAME

430/96 642005

CR2E034 (12/95)