

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

ANNUAL REPORT
1995



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06942** (1)

1. Corporation Name
PRINCE MEDICAL, INC.

FILED
95 APR 28 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% MIKE PRINCE
1522 S.W. 112TH ST.
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/27/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2956962** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
PRINCE, MIKE
1522 S.W. 112TH STREET
GAINESVILLE FL 32607

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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P&D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, P. MICHAEL	1.2 NAME	
STREET ADDRESS	1522 SW 112TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VPTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, TAMMY J	2.2 NAME	
STREET ADDRESS	1522 SW 112TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Mike Prince* 4/7/95 904.332.0376
DIGITALLY SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)

L06942

APPROVED
AND
FILED

95 APR 28 PM 2: 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/13/95 CORPORATE DETAIL RECORD SCREEN 3:37 PM
 NUM: L06942 ST:FL ACTIVE/FL PROFIT FLD: 08/02/1989 EFF: 07/25/93
 FEI#: 59-2956962
 NAME : PRINCE MEDICAL, INC.
 PRINCIPAL: % MIKE PRINCE
 ADDRESS 1522 S.W. 112TH ST.
 GAINESVILLE, FL 32607
 RA NAME : PRINCE, MIKE
 RA ADDR : 1522 S.W. 112TH STREET
 GAINESVILLE, FL 32607
 ANN REP : (1992) B 06/03/92 (1993) B 05/01/93 (1994) B 05/01/94

4/13/95 OFFICER/DIRECTOR DETAIL SCREEN 3:37 PM
 CORP NUMBER: L06942 CORP NAME: PRINCE MEDICAL, INC.
 TITLE: PSD NAME: PRINCE, P. MICHAEL
 1522 SW 112TH ST.
 GAINESVILLE, FL
 TITLE: VPTD NAME: PRINCE, TAMMY J
 1522 SW 112TH STREET
 GAINESVILLE, FL