

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SHIRLEY A. MUMFORD
COMPTROLLER OF STATE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **L30005**

(7)

APR 11 1995

KPM MEDICAL, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

10493 WOOD IBIS AVE
BONITA SPRINGS FL 33923

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BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

2. Date of Corporation or Reorganization		3a. Date of Last Report	
11/10/1989		03/22/1994	
4. Filing Number		5. Filing Fee	
65-0156523		Approved For Not Applicable	
6. Certificate of Status Defers?		☐ \$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		10. Name and Address of New Registered Agent											
MEISER, KENNETH D. 10493 WOOD IBIS AVE BONITA SPRINGS FL 33923		<table border="1"> <tr> <td>01. Name</td> <td></td> </tr> <tr> <td>02. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>03. City</td> <td></td> </tr> <tr> <td>04. State</td> <td>FL</td> </tr> <tr> <td>05. Zip Code</td> <td></td> </tr> </table>		01. Name		02. Street Address (P.O. Box Number is Not Acceptable)		03. City		04. State	FL	05. Zip Code	
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03. City													
04. State	FL												
05. Zip Code													

11. Pursuant to the provisions of Sections 607.050, 607.051, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PDC	1. NAME	☐ Change ☐ Addition
NAME	MEISER, KENNETH D.	2. NAME	
STREET ADDRESS	10493 WOOD IBIS	3. STREET ADDRESS	
CITY	BONITA SPRINGS FL	4. CITY	
STATE		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		7. CITY	
STATE		8. NAME	
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CITY		94. CITY	
STATE		95. NAME	
STREET ADDRESS		96. STREET ADDRESS	
CITY		97. CITY	
STATE		98. NAME	
STREET ADDRESS		99. STREET ADDRESS	
CITY		100. CITY	

14. I, the undersigned, certify that the information required on this filing is truthfully furnished and does not conflict with the information stated in Section 13.001, Florida Statutes. I further certify that the information was obtained from the original report or supporting document report is true and accurate and that my corporation shall have the same legal effect as if the information were prepared by the corporation or the registered agent or by the registered agent's representative. I agree that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 13 of this report, or in an attached document, as an address.

SIGNATURE: *Kenneth D. Meiser*
Kenneth D. Meiser
4/27/95 (813) 947-4363