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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L45666**

(9)

1. Corporation Name

**WITT BIOMEDICAL CORPORATION**

Principal Place of Business

**C/O PATRICK F. HEALY  
700 S. BABCOCK ST. SUITE 400  
MELBOURNE FL 32901-1472**

Mailing Address

**C/O PATRICK F. HEALY  
700 S. BABCOCK ST. SUITE 400  
MELBOURNE FL 32901-1472**

3. Date Incorporated or Qualified

**01/29/1990**

3a. Date of Last Report

**02/05/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

**59-3111111**

Applied For

Not Applicable

5. Corporation Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

8. Name and Address of Current Registered Agent

**HEALY, PATRICK F.  
700 S. BABCOCK ST. SUITE 400  
MELBOURNE FL 32902**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS       | CITY - ST - ZIP | DELETE                   |
|-------|---------------------|----------------------|-----------------|--------------------------|
| PC    | WITT, TERENCE R     | 2900 RIVERSIDE DRIVE | INDIALANTIC FL  | <input type="checkbox"/> |
| VM    | DICKENS, VIRGINIA A | 2900 RIVERSIDE DRIVE | INDIALANTIC FL  | <input type="checkbox"/> |
| VTS   | WITT, DONNA J       | 2555 WRIGHT AVENUE   | MELBOURNE FL    | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY - ST - ZIP  | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that 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 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:

*Donna J. Witt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA J. WITT**

**01/14/97**

**407/253-5693**

Date

Daytime Phone #

0096442

CR2E034 (9/96)