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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L53807

(8)

A-1 MEDICAL, INC.

FILED Apr 20 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address							1 10011011 931 1)	ltte 1881 Armin di	an alan bisi a	\(\B\) #####	
1109 N. 211 HOLLYWOO	ST AVE. DD FL 33020		P.O. BOX 22 - 1626 HOLLYWOOD FL 33022					DO NOT WR	ITE IN THIS	SPACE		
						}	3. Date Incorpora	ted or Qualifie	-d			\neg
							02/26/199	in.				
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		T I A	pplied For	-
21		26)	65-0174	812		}	ot Applicable	a
Suite, Apl.	#, elc.	Suite, Ap	t. #, etc.						10/	··· ·	Additional	7
22		27	7				5. Certificate of St	atus Desired	125)		equired	-
City & Stat	e e		City & State				6. Election Campaign Financing \$5.00 May Be					7
23		28	28				Trust Fund Contribution Added to Fees					
Zip	Country	Zφ				-1	8. This corporation owes or has paid the current year Intangible					
24	25	29	30				Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curre	nt Registered Age	ent				10. Name and Add	iress of New	Registered	Agent		
S	CHAMBACH, DONALD			81	Name							1
	01 NE 14TH AVENUE #408			82	Ctront	Addross	s (P.O. Box Number	ia Not Accor	table)			4
	IALLANDALE FL 33009			02	Street	Address	s (P.O. Box Number	is Not Accep	itable)			
•				83					****			٦
				84	City	,				85 Zip	Code	\dashv
									FL	. 00 =		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such c	change was author	ized by	the corp	d corpora poration	ation submits this st 's board of director	atement for th s. I hereby ac	e purpose o cept the app	f changing i pointment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of ingestored ag		AVOTE D				when reinstating)		DATE			
12.		D DIRECTORS		13.	mt signature	e required v	ADDITIONS/CHA	NGES TO OF		D DIRECTO!	BS IN 12	-{ნ
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NAME			6	.2 NAME		Ì						
STREET ADDRESS			6	3 STREET	ADDRESS]
CITY-S1-ZIP				4 CITY-S		<u> </u>						
 14. I hereby of indicated 	certify that the information supplied von this annual report or supplement	vith this filing does al annual report is	not qualify for the true and accurate	exemp and the	tion state at my sig	ed in Sed griature s	ction 119.07(3)(i), F shall have the same	lorida Statutes legal effect a	 I further co s if made ur 	ertify that the nder oath; th	information at I am an	Ī