

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L94451** (6)

1. Corporation Name

PALLADIN MEDICAL, INC.



Principal Place of Business

**103 SHADY BRANCH TRAIL
ORMOND BEACH FL 32174**

Mailing Address

**103 SHADY BRANCH TRAIL
ORMOND BEACH FL 32174**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ADAMS, OMAR J.
103 SHADY BRANCH TRAIL
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified

08/07/1990

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3044935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **ADAMS, OMAR J.**
CITY-STATE-ZIP **103 SHADY BRANCH TRAIL**
ORMOND BEACH FL

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with this address.

SIGNATURE:

Omar J. Adams M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OMAR J. ADAMS M.D.

3/27/96

904-612-9661
Daytime Phone

CR2E034 (12/95)