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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M40539

1. Corporation Name

(2)

FILED Feb 12 1996 8:00 am Secretary of State

MEDIC	AL VENTURES, INC.								
Principal Place	Mailing Address			{ I INGINDIL OK DIDIN EDLER DIKEN KININ			OTH BISH ISS		
3139 LAKESTONE DR TAMPA FL 33618 US		3139 LAKESTONE DR TAMPA FL 33618							
					3. Date Incorporated or Qualified 10/24/1986	3a. Date 10/	of Last R 27/199		
2. Principal Pl	lace of Business	2a. Mailing Address	مايم	Dic	4. FEI Number		<u> </u>	Applied For	
Suite. Apt. #, etc.		Suite Ant # etc	26 3139 Lakestove Dr Suite, Ant. #, etc.		59-2735633			Not Applicable	<u>'</u>
22					5. Certificate of Status Desired		·	Additional Required	
City & State 23		City & State 28 TAMOA	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zıp		Country	8. This corporation has liability for	ntangible tax			┨
24	25	29 336/8	30	US	Florida Statutes Yes	☐ No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent		
14/4				81 Name					
	R, GEOFFREY			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)			\dashv
	KESTONE DRIVE			83					4
tampa f	·L 33618			63					
				84 City			85 Zij	p Code	\dashv
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	os the s	boyo namod coros	oration submits this statement for the pur	FL	<u> </u>		_
or register	red agent, or both, in the State of Flor	ida Such change was authoriz	ed by the	e corporation's boa	ard of directors. I hereby accept the appo	pose of char pintment as r	iging its r egistered	egistered offici Lagent: Lam	e
	in, and accept the obligations of, Sec	tion 637.0505, Florida Statutes	S.						
SIGNATURE .	Signature, typical or printed name of registered agen	t and little if applicable (NO)*E Registe	ered Agent signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	1		ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	⊣წ
TITLE	DV	☐ DELETE	1.	1 TITLE			Change	☐ Addition	7₽
NAME	WATERER, GEOFFREY		1:	2 NAME	Ok				
STREET ADDRESS	3139 LAKESTONE DRIVE		1:	3 STREET ADDRESS					
Cl'+ \$1 ZlP	TAMPA FL		1.	4 CITY - ST - ZIP					CR2E034 (12/95)
TIPLE	D D D D D D D D D D D D D D D D D D D	DELETE	2	1 TITLE			Change	☐ Addition	၂ပ
NAME	WATERER, GEOFFREY			2 NAME					
STREET AUDRESS	3139 LAKESTONE DRIVE		2	3 STREET ADDRESS					
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70116		DELETE		4 CITY - ST - ZIP 1 TITLE			Change	☐ Addition	-
NAME				2 NAME			Criarige	☐ Madition	
STREET ADDRESS			- 1	3 STREET ADDRESS					
CHY-ST-ZIP				1 CITY-ST-ZIP					-
THEF		☐ DELETE		1 TITLE		П	Change	Addition	┪
NAME			5.2	NAME			-		
STREE! ASIDRESS			53	STREET ADDRESS					
CI*Y-S*-ZIP			5 4	1 CITY-ST-ZIP					
1171.6		DELETE	6	1 TIFLE			Change	Addition	1
NAME			62	2 NAME					
SARGET ADDRESS			63	STREET ADDRESS					
C/TY-S1-Z/F	<u> </u>			CITY-ST-ZIP					
14 LOO hereb	viceruly that the information supplied.	with this filing is voluntarily form	iished ar	vd doge not qualify:	for the exemption stated in Section 110 (17(2)(A) (C):	do Ctot t	- 1.5 M	7

1. For nereby 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 nothing 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 changed or on an adaptment with a laddress.

SIGNATURE:

RECTOR

8/3-265-1998 Daytine Phone #