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 #

(7)

REID MEDICAL SYSTEMS, INC.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place	e or business	Mailing Address		
IVY PROFESS		IVY PROFESSIONAL BLDG	3.	İ
1543 SAN MARCO BLVD.		1543 SAN MARCO BLVD.		
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/28/1988
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For
21		26 LOLGW. (1)	n Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	NI MANERILLE	\$8.75 Additional
22		— — · · · ·		5. Certificate of Status Desired Fee Regulred
City & State		City & State	·	
_ ·	•	⊢¬ ι/ Λ Λ	· · - · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23		28 King of Pe	ussu, P	Trust Fund Contribution
Zip	Country	Zip U	Country	This corporation owes or has paid the current year Intangible
24	25		30 U.S.A.	Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM B1 Name				
	O SOUTH PINE ISLAND ROAD			
			82 Street	Address (P.O. Box Number is Not Acceptable)
ן ויי	INTATION FL 33324		ļ	
			83	
ĺ				
			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 re	o the provisions of Sections 507.050 poistered agent, or both, in the State	32 and 607.1508, Florida Statute: e of Florida. Such change was au	s, the above-named	I corporation submits this statement for the purpose of changing its registered to consider the suppointment as supposed to consider the
agent. I ar	n familiar with, and accept the oblig	jations of, Section 607.0505, Flor	ida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed hanve of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating) DATE
12,	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	DIP Change Addition
	REID, J. PAUL III	OLEC'IE		
NAME			1.2 NAME	Pronoud Styrogocic
STREET ADDRESS	1543 SAN MARCO BLVD.		1.3 STREET ADDRESS	ide w. ninin Duence
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	King of Plussia PA 19406
TITLE		DELETE	2.1 TITLE	DITO Change M Addition
NAME			2.2 NAME	William A. Tarzowni
-				1016 Wiltouth Idenue
STREET ADDRESS			2.3 STREET ADDRESS	
City-St-ZIP			2. 4 CITY - ST - ZIP	King of PRUSTA PA 19406
TITLE		☐ DELETE	3.1 TITLE	Change
NAME			3.2 NAME	Drohard A. McDonald
STREET ADDRESS			3.3 STREET ADDRESS	1016 Wingouth Avenue
				1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
CITY-ST-ZIP		Dogera	3.4. CITY-ST-ZIP	King of PRUSSIA, PA 19406
TITLE		☐ DELETE	4.1 TITLE	Dlup Change W Addillo
NAME			4. 2 NAME	nicholas J. Harsh
STREET ADDRESS			4.3 STREET ADDRESS	1016 W. Minth Avenue
CITY-ST-ZIP			4.4 CITY - ST - ZiP	King of Paussia PA 19406
		DELETE		Acado Change Water
TITLE		□ beceie	5.1 TITLE	Aseco Change Kaddition Change Kaddition Richard S. Binstein 1016 W. Ninth Avenue
NAME			5.2 NAME	Kichara 2 10 Matery
Street address			5.3 STREET ADDRESS	1006 W. Minen Avenue
CITY-ST-ZIP			5.4 CITY-ST-ZIP	King of PRUSSIA PA19406
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME				J. 100000
			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZiP	
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information
indicated on this annual report Q 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 12 if changed, or on an attachment with an address.				
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