

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90081 039 \*\*\*150.00

DOCUMENT # M74292

1. Corporation Name

REID MEDICAL SYSTEMS, INC.



Principal Place of Business

IVY PROFESSIONAL BLDG.  
1543 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

Mailing Address

1016 W NINTH AVENUE  
KING OF PRUSSIA PA 19406  
US

Attn-Legal Dept.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1988

4. FEI Number

59-2878682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

21

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

26

27

28

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	DP	<input type="checkbox"/> DELETE
NAME	HISCOCK, RONALD G.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TORZELINI, WILLIAM A.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, RICHARD A.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HARSH, NICHOLAS J.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BINSTEIN, RICHARD S.	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	Mayers, Andrew
2.4 CITY-ST-ZIP	1016 W. Ninth Ave. King of Prussia PA 19406
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP, D
3.3 STREET ADDRESS	Taylor, Richmond
3.4 CITY-ST-ZIP	1016 W. Ninth Ave. King of Prussia PA 19406
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP, D
4.3 STREET ADDRESS	Smith, Barry
4.4 CITY-ST-ZIP	1016 W. Ninth Ave. King of Prussia PA 19406
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP, SEC
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP, T
6.3 STREET ADDRESS	Campbell, Pete
6.4 CITY-ST-ZIP	1016 W. Ninth Ave. King of Prussia PA 19406

14. I 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, with all other like empowered.

SIGNATURE:

Richard S. Binstein, 1/13/99 601/992-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)