FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:22

DOCUMENT # M74461 (8)

1. Corporation Name
MEDICAL INVENTORS CORPORATION

Principal Place of Business	Mailing Address
7575 DR. PHILLIPS BLVD STE 310 ORLANDO FL 32819-7262	7575 DR. PHILLIPS BLVD STE 310 ORLANDO FL 32819-7262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2892144 ☐ 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

9. Name and Address of Current Registered Agent

HARGADON, E. WADE
7575 D.R. PHILLIP BLVD
SUITE 310
ORLANDO FL 32819

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 _____ DATE
(Signature, Typed or Printed Name of Registered Agent, and Title if Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	HARRELL, ROBERT M.	12 NAME	
STREET ADDRESS	111 N. ORANGE AVE. S 800	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	FADEM, J.J.	22 NAME	
STREET ADDRESS	1315 S. ORANGE AVE., S1B	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	HARGADON, E. WADE	32 NAME	
STREET ADDRESS	7575 DR. PHILLIP BLV 310	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OERTHER, GARY	42 NAME	
STREET ADDRESS	9328 CYPRESS COVE DR	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	ZAGNOLI, ROLAND C.	52 NAME	
STREET ADDRESS	7575 DR. PHILLIP BLV 310	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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, added or deleted with an address.

SIGNATURE: E. Wade Hargadon 10/1/95 407-351-8674
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
E. WADE HARGADON - CHAIRMAN