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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

M80990

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(8)

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	R	#	MED.	INC.

BJL MED, INC

							144 MBII BABIF BAR	HI WINI WE	
Principal Place of		Mai	iling Address	.					
4651 SALISBURY RD STE 155 JACKSONVILLE FL 32256			4651 SALISBURY RD STE 155 JACKSONVILLE FL 32256						
US			U\$			3. Date Incorporated or Qualified 05/09/1988	3a. Date o	5/01/1	
2. Principat Plac	ce of Business	2a. 26	Mailing Address	gggandamicher i Louis I State		4. FEI Number 59-2903238			Applied For Not Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.		•	P. Co. 45 and all Old to Dissipated			Additional
2		27				5. Certificate of Status Desired			Required
City & State			Orty & State			6. Election Campaign Financing	—	\$5.00	May Be
<u> </u>		28				Trust Fund Contribution	Ц		to Fees
Z(I)	Country	իշուղ	Zip	Count	ry	8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
4	25 9. Name and Address of C	29 urrent Begist	ered Anent	30		10. Name and Address of New R		gent	
	9, Halle and Address of C	urioni negisi	erea Agent		1 Name	IV. Hallo bita realization			
TACCO	NE, FRANK E								
	TLANTIC BLVD			6	2 Street Add	ress (P.O. Box Number is Not Acceptable	ie)		
	ONVILLE FL 32207			ε	3				
UNCITOR	OITTILLE I L OZZOI							· · · · · · · · · · · · · · · · · · ·	
				{	4 City		FL	 85 Zip) Code
I1 Dureuant to	the provisions of Sections 607	0502 and 607	7 1508 Florida Statu	rtes, the above		ration submits this statement for the pur	nose of chan	Ll oina its r	egistered office
or registered	d agent, or both, in the State of	f Florida, Such	change was auth ori	ized by the co	rporation's boa	ird of directors. I hereby accept the appo	pintment as re	gistered	agent. I am
familiar with	i, and accept the obligations of,	Section 607.0	0505, Florida Statu te	9S.					
IGNATURE	haust we bound or printed came of most lare	d arect end tild if as	policacie (N	KOTE Elecistered A	ient signature regula	od when reinstating)	DATE		
SIGNATURE	Ignature, typed or printed name of registerer OFFICER	d agent and tilk lifap S AND DIREC		OTE Registered A	jent signaturc require	od when reinstating) ADDITIONS/CHANGES TO OFFE		DIRECTO	RS IN 12
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SIGNATURE SI 12. TLE IAME	OFFICER:	S AND DIREC	TORS	13. 1 1 TETU 1 2 NAM	Ε		CERS AND D	~~~~~	
SIGNATURE 51 TLE VAME STREET ADDRESS	OFFICER DPS LEWIS, BRETT J.	S AND DIREC	TORS	13. 1 1 TETU 1 2 NAM	E E Et address		CERS AND D	~~~~~	
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