FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16538 (3)

1. Corporation Name
AV-MED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9400 SOUTH DADELAND BLVD. MIAMI FL 33156	8930 N.W. 39TH AVE P.O. BOX 749 GAINESVILLE FL 32602-0749 US

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2742907 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUDSON, ROBERT C.
9400 S. DADELAND BLVD.
MIAMI FL 33156

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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	PEDDIE, EWARD C	1.2 NAME		
STREET ADDRESS	8930 N.W. 39TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	~~DVC~~	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	~~CUENY, DOUGLAS~~	2.2 NAME	HAIRSTON, DON	
STREET ADDRESS	~~8930 N.W. 39TH AVE~~	2.3 STREET ADDRESS	8930 N.W. 39th STREET	
CITY-ST-ZIP	~~GAINESVILLE FL~~	2.4 CITY-ST-ZIP	~~GAINESVILLE, FL 32606~~	
TITLE	~~DVC~~	3.1 TITLE	DVC	☒ Change ☐ Addition
NAME	~~HUDSON, ROBERT~~	3.2 NAME	HUDSON, ROBERT	
STREET ADDRESS	~~8930 N.W. 39TH AVE~~	3.3 STREET ADDRESS	9400 S. DADELAND BLVD	
CITY-ST-ZIP	~~GAINESVILLE FL~~	3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	~~DS~~	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~TAYLOR, ANN~~	4.2 NAME	TAYLOR, ANN	
STREET ADDRESS	~~8930 N.W. 39TH AVE~~	4.3 STREET ADDRESS	9400 S. DADELAND BLVD	
CITY-ST-ZIP	~~GAINESVILLE FL~~	4.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, GERALD	5.2 NAME		
STREET ADDRESS	720 SW 2ND AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, WASSIE	6.2 NAME		
STREET ADDRESS	720 SW 2ND AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

G95000470