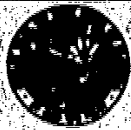


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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.

Principal Place of Business

9400 SOUTH DADELAND BLVD.
MIAMI FL 33156

Mailing Address

8930 N.W. 39TH AVE
P.O. BOX 749
GAINESVILLE FL 32602-0749
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1986

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

NAME

PEDDIE, EDWARD C

STREET ADDRESS

8930 N.W. 39TH AVE

CITY-ST-ZIP

GAINESVILLE FL

TITLE

DVC

NAME

CUNY, DOUGLAS

STREET ADDRESS

8930 N.W. 39TH AVE

CITY-ST-ZIP

GAINESVILLE FL

TITLE

DVC

NAME

HUDSON, ROBERT

STREET ADDRESS

8930 N.W. 39TH AVE

CITY-ST-ZIP

GAINESVILLE FL

TITLE

DS

NAME

TAYLOR, ANN

STREET ADDRESS

8930 N.W. 39TH AVE

CITY-ST-ZIP

GAINESVILLE FL

TITLE

D

NAME

O'NEIL, GERALD

STREET ADDRESS

720 SW 2ND AVE

CITY-ST-ZIP

GAINESVILLE FL

TITLE

D

NAME

GRIFFIN, WASSIE

STREET ADDRESS

720 SW 2ND AVE

CITY-ST-ZIP

GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D/T

HAIRSTON, DON

8930 N.W. 39th STREET

GAINESVILLE, FL 32606

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DVC

HUDSON, ROBERT

9400 S. DADELAND BLVD

MIAMI, FL 33156

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DS

TAYLOR, ANN

9400 S. DADELAND BLVD

MIAMI, FL 33156

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 #