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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:25

DOCUMENT # N21120 (3)

1. Corporation Name
TRUMED, INC.

Principal Place of Business
% KARL TAGUE
206 SECOND STREET EAST
BRADENTON FL 34208

Mailing Address
% KARL TAGUE
206 SECOND STREET EAST
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1987
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2708881 — Applied For ☐ Not Applicable ☐

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

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

9. Name and Address of Current Registered Agent
TAGUE, KARL R
206 SECOND STREET EAST
BRADENTON FL 34208

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	D/EVP	☐ Change ☒ Addition
NAME	BRYAN, MARK	1.2 NAME	Karl Tague	
STREET ADDRESS	206 2ND STREET EAST	1.3 STREET ADDRESS	206 2nd Street East	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	2.1 TITLE	D/P	☐ Change ☒ Addition
NAME	DESEAR, VERNON JR	2.2 NAME	Gerald Wissink	
STREET ADDRESS	206 2ND STREET EAST	2.3 STREET ADDRESS	2224 W. Northern Ave., Suite D-300	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Phoenix, AZ 85021	
TITLE	D	3.1 TITLE	S	☐ Change ☒ Addition
NAME	RYNERSON, JACK	3.2 NAME	Robert Zack	
STREET ADDRESS	206 2ND STREET EAST	3.3 STREET ADDRESS	206 2nd Street East	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	4.1 TITLE	EVP/CFO	☐ Change ☒ Addition
NAME	SMITH, DON	4.2 NAME	James Burnside	
STREET ADDRESS	206 2ND STREET EAST	4.3 STREET ADDRESS	2224 W. Northern Ave., Suite D-300	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Phoenix, AZ 85021	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	DIETRICH, DAVID K	5.2 NAME	Please delete Vernon DeSear, Jr.	
STREET ADDRESS	206 SECOND STREET EAST	5.3 STREET ADDRESS	from the list of Officers & Directors.	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ISBELL, JUNE	6.2 NAME		
STREET ADDRESS	206 SECOND STREET EAST	6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Zack — 6-12-95 — 813-745-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. ZACK

0062472