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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002454 (5)**

1. Corporation Name

MEDICAM, INC.

Principal Place of Business

**1454 MADISON AVENUE
IMMOKALEE FL 33934-2200**

Mailing Address

**1454 MADISON AVENUE
IMMOKALEE FL 34142-2200**



3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

4. FEI Number
65-0584858

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

10. Name and Address of New Registered Agent

**BROWN, THOMAS R ESQ.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE

NAME **PRATT, CARROLL**
STREET ADDRESS **1404 SANTA ROSA AVE.**
CITY - ST - ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ DELETE

NAME **ROSSBACH, CHARLES**
STREET ADDRESS **201 EIGHT STREET SOUTH #309**
CITY - ST - ZIP **NAPLES FL 33940**

TITLE **D** ☐ DELETE

NAME **BACHELOR, WARREN**
STREET ADDRESS **RT. 1, LOT 20A**
CITY - ST - ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ DELETE

NAME **DELAROSA, MARIA A**
STREET ADDRESS **221 NORTH FOURTH STREET**
CITY - ST - ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ DELETE

NAME **LEBRUN, ANNUEL**
STREET ADDRESS **402 FAHRNEY STREET**
CITY - ST - ZIP **IMMOKALEE FL 33934**

TITLE **D** ☐ DELETE

NAME **EISENBUD, LEON**
STREET ADDRESS **226 LELY BEACH BLVD.**
CITY - ST - ZIP **BONITA SPRINGS FL 33923**

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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.

CR2E037 (9/96)