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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**1454 MADISON AVENUE
IMMOKALEE FL 33904-2000**

**1454 MADISON AVENUE
IMMOKALEE FL 33904-2000**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 873**

22 City & State

27 City & State
Immokalee FL

23 Zip
34142

25 Country

28 Zip
34143

30 Country

3. Date Incorporated or Qualified

05/23/1995

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, THOMAS P. ESQ.
2000 AIRPORT ROAD SOUTH
NAPLES FL 33903**

81 Name

Akin, Richard

82 Street Address (P.O. Box Number Is Not Acceptable)

1454 Madison Ave

83

84 City

Immokalee

FL

85 Zip Code

34142

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Richard B. Akin

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 **D** ☐ DELETE
NAME **PRATT, CARROLL**
STREET ADDRESS **1404 SANTA ROSA AVE.**
CITY-ST-ZIP **IMMOKALEE FL 33904**

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 33904**

TITLE **D** ☐ DELETE
NAME **LEBRUN, ANNUEL**
STREET ADDRESS **402 FAHRNEY STREET**
CITY-ST-ZIP **IMMOKALEE FL 33904**

TITLE **D** ☐ DELETE
NAME **EISENBUD, LEON**
STREET ADDRESS **228 LELY BEACH BLVD.**
CITY-ST-ZIP **BONITA SPRINGS FL 33093**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

34142

☒ Change ☐ Addition

34102

☐ Change ☐ Addition

☒ Change ☐ Addition

34142

☒ Change ☐ Addition

34142

☒ Change ☐ Addition

34142

☒ Change ☐ Addition

34134

14. I 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.

SIGNATURE:

Richard B. Akin

CR2E037 (10/97)