

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # **P10000055141**

1. Entity Name
ADAMAS INSTRUMENT CORPORATION



FILED
11 MAY 17 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
801 West Bay Drive
Suite, Apt. #, etc. **700**

3. Mailing Address
801 West Bay Drive
Suite, Apt. #, etc. **700**

City & State
Largo, Florida

City & State
Largo, Florida

Zip
33770 Country **USA**

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33770 Country **USA**

4. FEI Number
32-0312143

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **THOMAS SMITH**

Street Address (P.O. Box Number is Not Acceptable)
801 West Bay Drive

Ste. 700

City **Largo** FL Zip Code **33770**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Smith* Authorized Representative Sec. 673.402 (2)(a) Fla. Stat. **THOMAS SMITH** 11 May 2011
(NOTE: Registered Agent signature required when re-instating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
(Make Check Payable to Florida Department of State)

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

E-mail Address:
Fl.notices@adamassurgical.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMAS SMITH 801 West Bay Drive Ste. 700 Largo, Florida 33770
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE: *Thomas Smith* Authorized Representative Sec. 673.402 (2)(a) Fla. Stat. **THOMAS SMITH** 11 May 2011 727-586-2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #