FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18868** **(0)**

1. Corporation Name

OXFORD MEDICAL, INC.

Principal Place of Business	Mailing Address
11526 53RD ST N CLEARWATER FL 34620 US	11526 53RD ST N CLEARWATER FL 34620 US

3. Date Incorporated or Qualified: **04/18/1988**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **54-0958359** ☐ 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

WEEKS, BARBARA
C/O OXFORD MEDICAL, INC.
11526 53RD ST. NORTH
CLEARWATER FL 34620

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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, BARBARA		1.2 NAME	
STREET ADDRESS	11526 53RD STREET N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLOCK, JAMES		2.2 NAME	
STREET ADDRESS	ONE BEACON ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMAISON, MARTIN		3.2 NAME	
STREET ADDRESS	OSNEY MEAD, OXFORD OX2		3.3 STREET ADDRESS	
CITY-ST-ZIP	OEE, ENGLAND		3.4 CITY-ST-ZIP	
TITLE	DPM	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FROST, JACK M.		4.2 NAME	
STREET ADDRESS	2125 TANGLEWOOD WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Weeks, Treasurer 2/1/96 813-573-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)