FILE NOW: FILING FEE IS $61.25

150

FILED
Jun 19 1998 8:00am
Secretary of State

~~NON~~PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P26810

1. Corporation Name: Arzco Medical Systems, Inc.

Principal Place of Business / Mailing Address: 5660 W. Cypress St. Suite G Tampa Fl. 33607 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 11/1/89

4. FEI Number: 65-0084694 ☐ 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

Dan Murphy
5660-G West Cypress Street
Tampa, Fl. 33607

10. Name and Address of New Registered Agent

81 Name: Al Williams
82 Street Address (P.O. Box Number is Not Acceptable): 5660 West Cypress Street
83 Suite G
84 City: Tampa FL 85 Zip Code: 33607

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] Al Williams V.P. Operations DATE 6-15-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP ☐ DELETE NAME: Ramsey Maynard STREET ADDRESS: 5660-G W. Cypress Street CITY-ST-ZIP: Tampa Fla 33607		1.1 TITLE: D C ☒ Change ☐ Addition 1.2 NAME: Craichy, K.C. 1.3 STREET ADDRESS: 5660-G W. Cypress St 1.4 CITY-ST-ZIP: Tampa Fla. 33607	
TITLE: D ☐ DELETE NAME: Fritche Wayne STREET ADDRESS: 5660-G Cypress Street CITY-ST-ZIP: Tampa Fl. 33607		2.1 TITLE: D ☐ Change ☒ Addition 2.2 NAME: Fox, Richard 2.3 STREET ADDRESS: 1801 Market St 11th FL 2.4 CITY-ST-ZIP: Philadelphia, PA 19103	
TITLE: D ☐ DELETE NAME: Taylor Thomas STREET ADDRESS: 5660-G W. Cypress Street CITY-ST-ZIP: Tampa Fla. 33607		3.1 TITLE: Director ☒ Change ☐ Addition 3.2 NAME: Moore, William 3.3 STREET ADDRESS: 5660-G. W. Cypress Street 3.4 CITY-ST-ZIP: Tampa Fla. 33607	
TITLE: S ☒ DELETE NAME: Dan Murphy STREET ADDRESS: 5660-G W. Cypress Street CITY-ST-ZIP: Tampa Florida		4.1 TITLE: ☐ Change ☐ Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: 0000025671120 -06/22/98--01008--007 ***150.00	
TITLE: C ☐ DELETE NAME: Craichy, K.C. STREET ADDRESS: 5660-G W Cypress St. CITY-ST-ZIP: TAMPA, FLorida 33607		5.1 TITLE: Assistant Secretary ☐ Change ☒ Addition 5.2 NAME: Booker Schmidt 5.3 STREET ADDRESS: 2909 W. Bay to Bay Blvd. Ste. 402 5.4 CITY-ST-ZIP: Tampa Fla 33629	
TITLE: DVT ☐ DELETE NAME: Moore, William STREET ADDRESS: 5660-G W Cypress St. CITY-ST-ZIP: TAMPA, FL 33607		6.1 TITLE: ST ☐ Change ☒ Addition 6.2 NAME: Al Williams 6.3 STREET ADDRESS: 5660-G W. Cypress Street 6.4 CITY-ST-ZIP: Tampa Fla 33607	

PE 6.19

CR2E037 (10/97)

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: [signature] Al Williams 6-15-98 813-289-5555

AMS
ARZCO
MEDICAL SYSTEMS, INC.
5660-G West Cypress Street
Tampa, Florida 33607
TEL 813-289-5555
FAX 813-289-5454

June 10, 1998

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Pursuant to my conversation on June 1, 1998 with your department, I am filing the enclosed 1998 Annual Report for ARZCO Medical Systems, Inc. As I discussed with your office, we did not receive the preprinted form and therefore neglected to file on time. Please excuse our delinquency as we have taken steps to establish a tickler on our corporate calendar to ensure this will not reoccur. Thank you for your understanding.

Sincerely,

Cathy Conley

Cathy Conley
Accounting/HR Coordinator