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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
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. SUTIE G TAMPA FL 33607 US	5660 W. CYPRESS ST. SUTIE G TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/01/1989

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

4. FEI Number: 65-0084694 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, AL
5660 W. CYPRESS ST.
SUTIE G
TAMPA FL 33607

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 _____ DATE
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	DC	☐ DELETE	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	CRAICHY, K.C.		1.2 NAME	K.C. Craichy	
STREET ADDRESS	5660-G WEST CYPRESS ST.		1.3 STREET ADDRESS	5660-G West Cypress Street	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	Tampa Florida 33607	
TITLE	DP	☐ DELETE	2.1 TITLE	Director, Chairman, President	☑ Change ☐ Addition
NAME	RAMSEY, MAYRARD		2.2 NAME	Maynard Ramsey	
STREET ADDRESS	5660-G W. CYPRESS ST.		2.3 STREET ADDRESS	5660-G W. Cypress Street	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	FRITCHE, WAYNE		3.2 NAME	Richard Fal	
STREET ADDRESS	5660-G W. CYPRESS ST.		3.3 STREET ADDRESS	5660-G West Cypress Street	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	DVT	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, WILLIAM		4.2 NAME		
STREET ADDRESS	5660-G W. CYPRESS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, THOMAS		5.2 NAME		
STREET ADDRESS	5660-G W. CYPRESS ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP		
TITLE	ST.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, AL		6.2 NAME		
STREET ADDRESS	5660-G W. CYPRESS ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RECAUWILLIAMS 4-15-99 813 289 5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)