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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P29869** **(5)**

1. Corporation Name
VENTURMED, INC.

Principal Place of Business	Mailing Address
4001 SW 47TH AVE SUITE 212 FT. LAUDERDALE FL 33314 US	3911 SW 47TH AVENUE STE. 914 FT. LAUDERDALE FL 33314-2818 US

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 3700 Hacienda Blvd.
Suite, Apt. #, etc.
22 Suite I
City & State
23 Ft. Lauderdale, Fl.
Zip / Country
24 33314 25 U.S.A

2a. Mailing Address
26 3700 Hacienda Blvd.
Suite, Apt. #, etc.
27 Suite I
City & State
28 Ft. Lauderdale, Fl.
Zip / Country
29 33314 30 U.S.A.

4. FEI Number: 51-0321553 ☐ 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
ZONNER, SALLY
3911 SW 47TH AVENUE
SUITE 912
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent
81 Name: ZONNER, SALLY
82 Street Address (P.O. Box Number is Not Acceptable): 3700 Hacienda Blvd. Suite I
83
84 City: Ft. Lauderdale, FL 85 Zip Code: 33314

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZONNER, SALLY		1.2 NAME	
STREET ADDRESS	700 S.W. 75TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZONNER, LARRY		2.2 NAME	
STREET ADDRESS	700 S.W. 75TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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 (9/96)

14. I do 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.

SIGNATURE: SALLY ZONNER 1/20/97 954-791-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0273360