FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P2986

(5)

VENTURMED, INC.

FILED
May 04 1998 8:00am
Secretary of State



4/23/98

	_					
Principal Place of Business Mailing Address						# 11 D1911 B1811 B1811 G1811 B1811 F181
3700 HACIEN	DA BLVD	3700 HACIENDA BLVD				
SUITE ! FT. LAUDERDALE FL 33314		SUITE FT. LAUDERDALE FL 33314		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
1					06/22/1990	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		51-0321553	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has paid t	
24	25 9. Name and Address of Curre	29 3	101		Personal Property Tax due June 30. 10. Name and Address of New Regis	
ZONNER, SALLY				Name	Total Table Total Table Total Table Total Table	
3700 HACIENDA BLVD					(DO Doubleston to the Assessment	
	ITE I		82	82 Street Address (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33314			83			<u>, , , , , , , , , , , , , , , , , , , </u>
			84	City		85 Zip Code
44	607.01	00			and the same the state and the state and	FL 189 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 Statules.						
SIGNATURE Signature, typod or printed name of impotency agest and ble if agest able (NOTE: Registered Agent signature required when renstating) DATE						
12,		ND DIRECTORS	13.	ag in a a leng	ADDITIONS/CHANGES TO OFFICER	
TITLE	PTD	☐ DEL e te	1.1 TITLE			Change Addition
NAME			1.2 NAME	1		
STREET ADDRESS	700 S.W. 75TH TERRACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CHTY - S	T - 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	The case	2.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME .			3 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - 9 4 1 TITLE	SI - ZIP		Change Addition
NAME			4 2 NAME			Onlingo Notificit
STREET ADDRESS			1	ADDRESS		,
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip			
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5 4 CiTY-S			
TITLE			61 TITLE			☐ Change ☐ Addition
NAME	•		62 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-S	T-ZIP		
14 I becoby s	and by that the information curreleads	With the Cities of the party of the Con-	the evene	tion stated i	in Continu 110 07/2Vi) Florida Statutae 1 furt	har partifus that the information

4. I nereby certify that the information supplied with this filling 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 suppliemental 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 drolling or trusted 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 attackment with an address.

CICMATURE.