

DOCUMENT # P30616

1. Entity Name

V-C MEDICAL INC. ✓

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 014 ***550.00

Principal Place of Business

LAFAYETTE & MONROE STREETS
PO BOX 1249
LIVINGTON AL 35470
US

Mailing Address

LAFAYETTE & MONROE STREETS
PO BOX 1249
LIVINGTON AL 35470
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0930408

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After **SEPTEMBER 13, 2000** Min. will be **\$750.00**
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	CRAWFORD, R. BRYAN, III		
110 LAFAYETTE ST	110 LAFAYETTE ST		
LIVINGSTON AL	LIVINGSTON AL		
VSTD	BELL, JOHNNY H.		
110 LAFAYETTE ST	110 LAFAYETTE ST		
LIVINGSTON AL	LIVINGSTON AL		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Bryan Crawford III
R. Bryan Crawford III
President

8-1-2000

(800)447-4095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)