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PROFII CORPORATION ANNUAL REPORT

1997

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 20 1997 8:00am

Secretary of State

DOCUMENT # P31539

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BALTIMORE THERAPEUTIC EQUIPMENT COMPANY

Principal Place of Business Mailing Address 7455-L NEW RIDGE ROAD 7455-L NEW RIDGE ROAD HANOVER MD 21076-3126 HANOVER MD 21076 3. Date Incorporated or Qualified 3a. Date of Last Report <u>10/24/19</u>90 01/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEt Number 52-1165956 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Type a continue of the protocol algorithms to be applicable (NOTE: Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition **DPT** DELETE resident 1 1 TITLE Hist Director DOUB, ROBERT J. NAME 1.2 NAME **801 DROHOMER PLACE** 13 STREET ADDRESS STREET ADDRESS **BALTIMORE MD** 1.4 DITY - ST-ZIP 00Y SI-7P DELETE X Change Addition 21 TITLE BILL DVS President LONG, FREDERICK M. 2 2 NAME NAME **541 BROADWATER WAY** 2.3 STREET ADDRESS STREET ADDRESS GIBSON ISLAND MD City St 7P 2 4 CITY - \$1 - ZIP 210 10 Change DELETE Addition 3 1 TITLE THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 2IP CHY-51-ZIF OFLETE Change Addition THE 4.1 HILE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 44 CITY - ST-ZIP CITY - SI - 7P DELETE Change Addition HILF 5 1 TITLE 5.2 NAME HAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP OBY- \$1-20 DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS O(TY - S1 - 24P 6.4 CITY - ST - ZIP 14. The 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 indicates 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