

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED AND FILED**  
95 APR 27 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P33003** (5)

1. Corporation Name

**THOMPSON MEDICAL COMPANY, INC.**

Principal Place of Business

222 LAKEVIEW AVENUE  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/01/1991** 3a. Date of Last Report **04/06/1994**

4. FEI Number **13-5627023** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LAUER, ELIOT</b>
STREET ADDRESS	<b>% 222 LAKEVIEW AVENUE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>PC</b>
NAME	<b>HORWITZ, DANIEL N.</b>
STREET ADDRESS	<b>C/O 222 LAKEVIEW AVE</b>
CITY - ST - ZIP	<b>WEST PALM BCH FL</b>
TITLE	<b>VT</b>
NAME	<b>LIBRIZZI, JOSEPH</b>
STREET ADDRESS	<b>% 222 LAKEVIEW AVENUE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>DS</b>
NAME	<b>STEINBERG, DR. EDWARD</b>
STREET ADDRESS	<b>% 222 LAKEVIEW AVE</b>
CITY - ST - ZIP	<b>W PALM BCH FL</b>
TITLE	<b>V</b>
NAME	<b>NOONAN, CHARLES T.</b>
STREET ADDRESS	<b>% 222 LAKEVIEW AVENUE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PCD</b>
2.3 STREET ADDRESS	<b>Horwitz, Daniel N.</b>
2.4 CITY - ST - ZIP	<b>% 222 Lakeview Avenue West Palm Beach, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>No longer an officer / director</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VS</b>
5.3 STREET ADDRESS	<b>Noonan, Charles T.</b>
5.4 CITY - ST - ZIP	<b>% 222 Lakeview Avenue West Palm Beach, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

*Joseph Librizzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/95** (407) 820-9900  
Date (Optional Please)