

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number
13-5627023

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 777 S. FLAGLER DR. Suite, Apt. #, etc.	26 777 S. FLAGLER DR. Suite, Apt. #, etc.
22 WEST TOWER #1500 City & State	27 WEST TOWER #1500 City & State
23 WEST PALM BEACH FL Zip Country	28 WEST PALM BEACH FL Zip Country
24 33401 25 USA	29 33401 30 USA

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

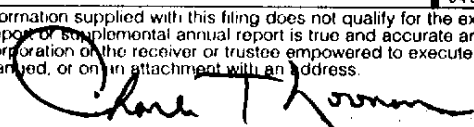
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LAUER, ELIOT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 222 LAKEVIEW AVENUE	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	777 S. FLAGLER DR, WEST TOWER #1500
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PO HORWITZ, DANIEL N	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 222 LAKEVIEW AVE	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	777 S. FLAGLER DR, WEST TOWER #1500
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VS NOONAN, CHARLES T.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 222 LAKEVIEW AVENUE	3.2 NAME	NOONAN, CHARLES T
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	777 S. FLAGLER DR, WEST TOWER #1500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:



4.17.98

561-820-9500

CR2E034 (10/97)