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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P33003**

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90147 025 ***150.00

THOMPSON MEDICAL COMPANY, IN	NC.									
Principal Place of Business	Mailing Address				. ,					
777 S FLAGLER DR	777 S FLAGLER DR									
W TOWER 1500 WEST TOWER 1500						DO NOT	WRITE IN	THIS S	PACE	
WPB FL 33401 US US					3. Date Incor	porated or Qu				
US	50			'	03/01/19					
D. C. C. Charles of Dunings	2a, Mailing Address			1	4. FEI Numb			- 	Ap	plied For
2. Principal Place of Business	26				13-5627				No	t Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.				- Cardifecto	of Status Dasi	red 🔲		\$8.75 A	
	27			:	5. Certificate	of Status Desi	<u> </u>		_Fee Re	quired
City & State	City & State				6. Election C	ampaign Finai	ncing		\$5.00	· 1
23	28	_				Contribution			Added t	o Fees
Zip Country	Zip	Country	'	;		ration owes th	e current y	ear Inta	ngible	□No
24 25	29	30		_,		Property Tax.			Yes	
9. Name and Address of Current	t Registered Agent				0. Name and	Address of	New Regis	terea A	gent	
		81	Name							
CT CORPORATION SYSTEM		82	Street	Address	(P.O. Box Nu	ımber is Not A	cceptable)	-		
1200 S. PINE ISLAND ROAD									<u></u>	
PLANTATION FL 33324		83	1							}
		84	City						85 Zip	Code
						 		FL	henging its	rogistored
Pursuant to the provisions of Sections 607.050: office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida, Such change was au	thorized by	the corp	oration's	board of dire	ctors. I hereby	accept the	appoir	itment as re	egistered
CICNATURE					_					
SIGNATURE Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Age			en reinstating)			DATE	-	
SIGNATURE Signature, typed or printed name of registered agen 12. OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age			en reinstating)	S/CHANGES		DATE	-	
SIGNATURE Signature, typed or printed name of registered agen 12. OFFICERS AN TITLE D	nt and title if applicable. (NOTE:	13.	int signature		en reinstating)			DATE	D DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of registered agen 12. OFFICERS AND	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	int signature	required who	en reinstating)			DATE	D DIRECTO	ORS IN 12
SIGNATURE Signeture, typed or printed name of registered egen 12. OFFICERS AN TITLE D NAME LAUER, ELIOT STREET ADDRESS 777 S FLAGLER DR, W TOWER	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	int signature	required who	en reinstating)			DATE	D DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of registered agen 12. OFFICERS AN TITLE D LAUER, ELIOT TTT S FLAGLER DR, W TOWER CITY-ST-ZIP WPB FL 33401	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	int signature	required who	en reinstating)			DATE	D DIRECTO	ORS IN 12
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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 of changed, pr on an attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. NOOHAN