

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P40341 (0)

1. Corporation Name
ORTHO-VENT, INC.

Principal Place of Business
2501 118TH AVE. NORTH
ST PETERSBURG FL 33716

Mailing Address
P.O. BOX 9090
CLEARWATER FL 34618-9090

3. Date Incorporated or Qualified 09/01/1992	3a. Date of Last Report 04/06/1995
4. FEI Number 59-8136551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 of person named in Block 9 and Block 12, if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERALD F HOGAN	
STREET ADDRESS	2501 118TH AVE., N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PETER M KERN	
STREET ADDRESS	2501 118TH AVE., N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KEVIN J MCKEON	
STREET ADDRESS	2501 118TH AVE., N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RENCE, JOHN	
STREET ADDRESS	2501 118TH AVE., N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	H STEVEN HOLTZMAN	
STREET ADDRESS	2501 118TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RICHARD LYON	
STREET ADDRESS	2501 118TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☒ Addition

1. TITLE	D
2. NAME	Pollin, Mary Ellen
3. STREET ADDRESS	2501 118th Avenue, North
4. CITY-ST-ZIP	St. Petersburg, FL 33716
5. TITLE	AT
6. NAME	Krall, Lynn
7. STREET ADDRESS	2501 118th Avenue, North
8. CITY-ST-ZIP	St. Petersburg, FL 33716
9. TITLE	P
10. NAME	Novo, James
11. STREET ADDRESS	2501 118th Avenue, North
12. CITY-ST-ZIP	St. Petersburg, FL 33716
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-ST-ZIP	

600001828926
-05/20/96--01036--047
***200.00

SIGNATURE:

H. STERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

4/30/96 (813) 572-8885