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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000007594 (3)

1. Corporation Name
MEDINVENT, INC.



Principal Place of Business

Mailing Address

2N TAMiami TRAIL
SUITE 312
SARASOTA FL 34236
US

2N TAMiami TRAIL
SUITE 312
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 635 S. ORANGE AVE 26 635 S. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 10

27 SUITE 10

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

Zip

Country

24 34236

25 USA

29 34236

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

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 DP ☐ DELETE

NAME PETRIK, GERO
STREET ADDRESS 2N TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE DTVP ☐ DELETE

NAME GEBHARD, H D
STREET ADDRESS 2 NORTH TAMiami TRAIL #312
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME DAUE, THOMAS
STREET ADDRESS 2N TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE VS ☐ DELETE

NAME GEBHARD, LINDA
STREET ADDRESS 2N TAMiami TRAIL #312
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 635 S. ORANGE AVE, STE 10
1.4 CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 635 S. ORANGE AVE, STE 10
2.4 CITY-ST-ZIP SARASOTA FL 34236

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 635 S. ORANGE AVE, STE 10
3.4 CITY-ST-ZIP SARASOTA FL 34236

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 635 S. ORANGE AVE, STE 10
4.4 CITY-ST-ZIP SARASOTA FL 34236

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 *[Signature]* *[Signature]*

CR2E034 (10/97)