

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90044 018 \*\*\*150.00

DOCUMENT # P93000028937

1. Corporation Name  
ACROMED, INC.



Principal Place of Business

Mailing Address

4801 DAWIN ROAD  
JACKSONVILLE FL 32207  
US

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JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1993

4. FEI Number

59-3176992

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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 Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

TITLE ATAS ☒ DELETE

NAME MCFARLAND, PATRICIA L  
STREET ADDRESS 4801 DAWIN RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME KNAPIK, JOHN  
STREET ADDRESS 4801 DAWIN ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS ☒ DELETE

NAME LUTZ, CAROLINE M  
STREET ADDRESS 3303 CARNEGIE AVE.  
CITY-ST-ZIP CLEVELAND OH

TITLE T ☒ DELETE

NAME GRANT, DAVID R.  
STREET ADDRESS 3303 CARNEGIE AVE.  
CITY-ST-ZIP CLEVELAND OH 44115

TITLE AT ☐ DELETE

NAME VARRICCHIO, ENRICO A  
STREET ADDRESS 3303 CARNEGIE AVE.  
CITY-ST-ZIP CLEVELAND OH

TITLE P ☒ DELETE

NAME ROUNDTREE JR, W. DEKLE  
STREET ADDRESS 3303 CARNEGIE AVE  
CITY-ST-ZIP CLEVELAND OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Tidmore, William E. Jr.

1.3 STREET ADDRESS 3303 Carnegie Ave

1.4 CITY-ST-ZIP Cleveland, Ohio 44115

2.1 TITLE Assistant Secretary ☒ Change ☐ Addition

2.2 NAME Knapik, John R.

2.3 STREET ADDRESS 4801 DAWIN ROAD

2.4 CITY-ST-ZIP Jacksonville, Florida 32207

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Owusu-Akyaw, Sam

3.3 STREET ADDRESS 3303 Carnegie Ave

3.4 CITY-ST-ZIP Cleveland, Ohio 44115

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME Mensah, Isaac

4.3 STREET ADDRESS 3303 Carnegie Ave

4.4 CITY-ST-ZIP Cleveland, Ohio 44115

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Secretary ☐ Change ☒ Addition

6.2 NAME Smith, Catherine W.

6.3 STREET ADDRESS 3303 Carnegie Ave

6.4 CITY-ST-ZIP Cleveland, Ohio 32207

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)