

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000041942 (2)

1. Corporation Name

FONET MEDICAL TECHNOLOGIES, INC.



Principal Place of Business

325 S GARDEN AVE
CLEARWATER FL 34616

Mailing Address

325 S GARDEN AVE
CLEARWATER FL 34616

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHIELDS, HARRY L
325 S GARDEN AVE
CLEARWATER FL 34616

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

08/14/1995

4. FET Number

59-3187123

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, HARRY L	
STREET ADDRESS	325 S GARDEN AVE	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, LARRY R	
STREET ADDRESS	7 CIRCLE DR	
CITY - ST - ZIP	MT VERNON IL 62864	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEARER, JANIS	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LAWSON, RANDY	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CRENSHAW, JAMES	
STREET ADDRESS	325 S. GARDEN AVE.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHIELDS, DORIS	
STREET ADDRESS	7 CIRCLE DRIVE	
CITY - ST - ZIP	MT. VERNON IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sherry A. Shields	
1.3 STREET ADDRESS	325 S. Garden Avenue	
1.4 CITY - ST - ZIP	Clearwater, FL 34616	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. James Rowsey, M.D.	
2.3 STREET ADDRESS	12901 Bruce B. Downs Blvd.	
2.4 CITY - ST - ZIP	Tampa, FL 33612	
3.1 TITLE	Director/Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Janis Haerer	
3.3 STREET ADDRESS	325 S. Garden Avenue	
3.4 CITY - ST - ZIP	Clearwater, FL 34616	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James L. Crenshaw	
5.3 STREET ADDRESS	851 S. Bayway Blvd., Unit Y607	
5.4 CITY - ST - ZIP	Clearwater, FL 34630	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sherry A. Shields* Sherry A. Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (813) 447-2466

DATE

Daytime Phone #

CR2E034 (12/95)