

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90177 006 \*\*\*150.00

DOCUMENT # P93000064577

1. Corporation Name

LIFE CARE MEDICAL PRODUCTS, INC.

Principal Place of Business

C/O CORP. TAX DEPT.  
8333 BRYAN DAIRY RD  
LARGO FL 34647

Mailing Address

C/O CORP. TAX DEPT.  
8333 BRYAN DAIRY RD  
LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

4. FEI Number

59-3201551

Applied For

Not Applicable

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

75301-1205

30

US

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

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA  
8333 BRYAN DAIRY RD  
ATTN RISK MANAGEMENT  
LARGO FL 33777

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPCF ☐ DELETE

NAME WRIGHT, SAMUEL G  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL

TITLE DPCO ☐ DELETE

NAME NEWMAN, FRANCIS A  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL

TITLE DVS ☐ DELETE

NAME SANTO, JAMES M  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL 34647

TITLE D ☐ DELETE

NAME TURLEY, STEWART  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL 34647

TITLE VPT ☐ DELETE

NAME GLADYSZ, MARTIN W  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL 34647

TITLE VP ☒ DELETE

NAME KELLY, EDWARD W  
STREET ADDRESS 8333 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL 34647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: EDWARD W. KELLY Date: April 28, 1999 (727) 395-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)