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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90036 050 ***150.00

TRAUMA MEDICAL, INC.	• •		
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District Disc	a of Division and	* * * * * * * * * * * * * * * * * * *	- Address					BBILL ABILA BILAL BILAL	şülli dülil üğit inbi
Principal Place		•	g Address						•
6625 SW 75TH COURT MIAMI FL 33143			6625 SW 75TH COURT MIAMI FL 33143				DO NOT WRITE IN THIS SPACE		
							L	IN THIS SPACE	·
	int.						3. Date Incorporated or Qualifed		
	A Company of the comp	·	•••				09/21/1993	-	
2. Principal P	lace of Business	2a. Ma	ailing Address				4. FEI Number		Applied For
21		26					65-0437970		Not Applicable
Suite, Apt.	#, etc	Su	ite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22		27					4.0.		e Required
City & State	te , , , ,	Cit	ty & State				6. Election Campaign Financing		.00 May Be
23		28					Trust Fund Contribution	Ad	ded to Fees
Zip	Country	Zip)	Coul	itry		8. This corporation owes the currer	nt year Intangible	
24	25	29		30			Personal Property Tax.	⊠ Yes	□No
	9. Name and Address	of Current Registere	d Agent			<u> </u>	10. Name and Address of New Re	gistered Agent	
					81 Na	ime			
FERI	Nandez, Humberto			1	22 2		es (D.O. Boy Number is Not Assentab	do)	
6625	5 SW 75TH COURT				82 St	reet Addres	ss (P.O. Box Number is Not Acceptab	, ,	
	MI FL 33143			ŀ	83				
}	,			ł					
				•	84 Cit	ty		FL 85	Zip Code
Ĺ									- it it-
11. Pursuant	to the provisions of Section	s 607.0502 and 607.1	I508, Florida Statut	es, the at	ove-name	med corpor	ration submits this statement for the p o's board of directors. I hereby accept	the appointment	as registered
Onice of r	registered agent, or both, in	the obligations of Se	ction 607 0505 Flo	Tido Ctot		corporation	to bound of amount of the cary money.		,
agent. La	ım tarnıllar with, and accept	nie obligations of, oc-	Cilult 607,0303, 1 10	nga siait	tes.				
	ım tamıllar with, and accept	the obligations of, co.		nda Siaii	tes.]
agent. I a	Signature, typed or printed name of re		•				when reinstating)	DATE	
	Signature, typed or printed name of re		licable. (NOTE					DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if app	licable. (NOTE	: Registered	Agent sign:		when reinstating)	DATE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of re OFFI	egistared agent and title if appliCERS AND DIRECTO	NOTE	Registered	Agent signi		when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of re OFFI PSTD FERNANDEZ, HUMBER	egistared agent and title if app CERS AND DIRECTO	NOTE	13. 1.1 TII 1.2 NA	Agent sign: LE ME	ature required v	when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of re OFFI PSTD FERNANDEZ, HUMBER 6625 SW 75TH COUR	egistared agent and title if app CERS AND DIRECTO	NOTE	13. 1.1 TT 1.2 NA 1.3 ST	Agent sign: LE ME REET ADDR	ature required v	when reinstating)	DATE ICERS AND DIRE	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFI PSTD FERNANDEZ, HUMBER	egistared agent and title if app CERS AND DIRECTO	Alicable. (NOTE ORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	Agent signi LE ME REET ADDI Y-ST-ZIP	ature required v	when reinstating)	DATE CERS AND DIRE Che	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFI PSTD FERNANDEZ, HUMBER 6625 SW 75TH COUR	egistared agent and title if app CERS AND DIRECTO	NOTE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH 2.1 TH	Agent sign: LE ME REET ADDI Y-ST-ZIP LE	ature required v	when reinstating)	DATE CERS AND DIRE Che	CTORS IN 12 Inge Addition
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y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in thall other the empowered. 14. I hereby certify that the information supplied with this filing does not goal indicated on this annual report or supplemental annual report is to a and officer or director of the corporation or the receiver or trustee er powered Block 12 or Block 13 if changed, or on an attachment with an address, w

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)