

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # P93000068905 (7)

1. Corporation Name

SW MEDICAL INC.

Principal Place of Business

Mailing Address

13130 56TH CT.
SUITE 607
CLEARWATER FL 34620

13130 56TH CT.
SUITE 607
CLEARWATER FL 34620



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

3. Date Incorporated or Qualified

10/05/1993

3a. Date of Last Report

05/30/1995

4. FEI Number

59-3202735

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, STEVEN C
13130 56TH CT.
SUITE 607
CLEARWATER FL 34620

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 607.0107 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 of person named as registered agent and the applicable

the FEI. Registered Agent signature required when not at top

Aug. 1, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

WOOD, STEVEN C
2333 FEATHER SOUND DR.
CLEARWATER FL 34622

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

SIGNATURE:

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 1, 1996

Daytime Phone

CR2E034 (3/96)