

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 4:21

DOCUMENT # P93000077362 (0)

1. Corporation Name

SOUTHEAST MEDICAL PRODUCTS GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5524 COMMERCE DR
ORLANDO FL 32839

Mailing Address

5524 COMMERCE DR
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
02/02/1994

4. FEI Number
APPLIED FOR 59 3254103

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
644 W COLONIAL DR
ORLANDO FL 32804

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 fee, if applicable)

(Signature, typed or printed name of registered agent and fee, if applicable)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
FORD, JIM
5524 COMMERCE DR
ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
KANTACK, DON
4758 STUBBRIDGE CIR
ORLANDO FL 32812

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
DEARRIGOITIA, ERIC
5381 HOFFNER AVE
ORLANDO FL 32812

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
POOLE, FRED
644 W COLONIAL DR
ORLANDO FL 32804

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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 and pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of the annual report or supplemental report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature

Signature Printed Name