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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000078586 (3)

NEO-MED, INC.

**DOCUMENT #** 1. Corporation Name

Mailing Address

Principal Place of Business

**FILED** Apr 05 1996 8:00 am Secretary of State



1200 S PINE ISLAND RD SUITE 600 PLANTATION FL 33324		SUITE 600	1200 s pine island RD Suite 600 Plantation FL 33324		3. Date Incorporated or Qualified	3a, Date of Last Report
					11/15/1993	02/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				65-0456767	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	77		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- m <sub>1</sub>		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Z(p	Country	Zipi	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			□No
	9. Name and Address of Cu	rrent Registered Agent		1 Name	10. Name and Address of New F	legistered Agent
0.7.00	3000171011 0VATP14		5	Name		
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD			ε	2 Street Ad	et Address (P.O. Box Number is Not Acceptable)  1200 S. PIne Island Road	
PLANIA	TION FL 33324			3	uite 250	
			ε	4 City	uile 200	FL 85 Zip Code
or registere	ed agent, or both, in the State of F	502 and 607.1508. Florida Statut Torida. Such change was authoriz Section 607.0505, Florida Statutes	ed by the co	named corp reporation's bo	coration submits this statement for the purport of directors. I hereby accept the app	pose of changing its registered office bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered.	arport and the if apperated (N	OTE Bagistered A	gent signatine neg	ine-Ewher renstating	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 : 1111	F		Change Addition
NAME	FINDEISS, J C		1.2 NAM	IF.		;
STHEET ADDRESS	1200 S PINE ISLAND RD SUITE 600		1.3 STREET ADDRESS			1;
CITY - ST - ZIP	PLANTATION FL		14 CITY	- ST - ZI <sup>S</sup>		11
TITLE	VD	XX DELFTE	2 1 <b>T</b> ITL	E <b>V</b>	/D	Change XX Addition
NAME	NAGPAL, NARESH		2.2 NAM	F <b>P</b>	rincipe, Neil J.	
STREET ADDRESS	RESS 1200 S PINE ISLAND RD SUITE 600		23 S1B1	ET ADDRESS 1	200 S. Pine Island Ro	ad Suite 600
CITY - ST - ZiF	PLANTATION FL		24 015	-8*-7P P	lantation, Florida 33	324
3,117	VD	☐ DELETE	3 1 <b>ז</b> יו <b>ו</b> 1	F	V	Change  Addition
NAME	CREED, JERE D		3.2 NAM	E		
STREET ADDRESS	1200 S PINE ISLAND RD	SUITE 600	33 STR	EET ADDRESS		
CITY-ST-7IP	PLANTATION FL		3.4 CITY	-81-7P		
TITLE	VD	<b>ALA</b> DELETE	4 1 THIL	F		Change Addition
NAME	BADAL, JOSEPH J		4.2 NAM	F		1
STREET ADDRESS	1200 S PINE ISLAND RD	SUITE 600	4.3 S1RI	ET ADDRESS		
CITY - ST - ZIF	PLANTATION FL		4.4 City	- S1 - 71P		
TITLE	VT	☐ DEFEI€	5 1 <b>1</b> 1"L	1-	/T	XX Change Addition
NAME	BLANDORD, MARY ANN		5.2 NAM	E <b>B</b>	lanford, Mary Ann	
STREET ADDRESS	1200 S. PINE ISLAND RO	AD SUITE 500	5.3 STH	ET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY	- S1 - 7IP		
TITLE	\$	DELETE	6 1 TITL	r <b>V</b>	/S/D	XX Change Addition
NAMÉ	MCCLEARY JR., GEORGE		6.2 NAM	E		
STREET ADDRESS	1200 S. PINE ISLAND RO	AD SUITE 500	63 S1R	EL ADDRESS		
CITY-SI-ZIF	PLANTATION FL 33324		6 <b>4</b> CITY	- ST - ZIP		
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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 armual 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 convication or the receiver rustee 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:

Mary Ann Blanford 3/30/9/ (954)475-1300