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FILED

Jul 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000084036 (1)

1. Corporation Name  
PATIENTGUARD PRODUCTS, INC.



Principal Place of Business

13161 58TH CT.  
SUITE 203  
CLEARWATER FL 34620

Mailing Address

P.O. BOX 14309  
CLEARWATER FL 34629-4309  
US

2. Principal Place of Business

21 28100 U.S. 19 North

Suite, Apt. #, etc.

22 Suite 411

City & State

23 Clearwater, FL

Zip

24 34621

Country

25 Pinellas

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

07/24/1996

4. FEI Number

59-3213793

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

BROWN, CHARLES L  
2132 CAMDEN WAY  
CLEARWATER FL 34619

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 Charles L. Brown

Signature typed or printed name of registered agent, and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

2-4-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BROWN, CHARLES L  
STREET ADDRESS 2132 CAMDEN WAY  
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ DELETE

NAME JOHNSTON, JOHN F  
STREET ADDRESS 3243 OLD FRANKSTOWN RD.  
CITY-ST-ZIP PITTSBURGH PA 15239

TITLE ☐ DELETE

NAME WYATT, CLIFFORD D SR.  
STREET ADDRESS 4550 WESTERN DR.  
CITY-ST-ZIP MOBILE AL 36607

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do 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.

SIGNATURE

2-4-97 812-235-2732

CR2E034 (9/96)