

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 004 ***158.75

DOCUMENT # P93000084036

1. Corporation Name
PATIENTGUARD PRODUCTS, INC.

Principal Place of Business

28100 US 19 NORTH
SUITE 409
CLEARWATER FL 33761
US

Mailing Address

28100 US 19 NORTH
SUITE 409
CLEARWATER FL 33761
US

2. Principal Place of Business

21 26133 US 19 North

Suite, Apt. #, etc.

22 Suite 402

City & State

23 Clearwater, FL

Zip

24 33763

Country

25 US

2a. Mailing Address

26 26133 US 19 North

Suite, Apt. #, etc.

27 Suite 402

City & State

28 Clearwater, FL

Zip

29 33763

Country

30 US

9. Name and Address of Current Registered Agent

BROWN, CHARLES L
2132 CAMDEN WAY
CLEARWATER FL ~~33761~~ 33759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BROWN, CHARLES L
STREET ADDRESS 2132 CAMDEN WAY
CITY-ST-ZIP CLEARWATER FL ~~33761~~ 33759

TITLE ☐ DELETE

NAME JOHNSTON, JOHN F
STREET ADDRESS 3243 OLD FRANKSTOWN RD.
CITY-ST-ZIP PITTSBURGH PA 15239 4407 Old Wm. Penn Hwy.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Charles L. Brown

Date

1-7-99

Daytime Phone #

727-725-2732

CR2E034 (1/98)