**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

## DOCUMENT # P93000085633 (4)

1. Corporation Name
**CONSOLIDATED/PAVILION MEDICAL EQUIPMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 800 PRUDENTIAL DRIVE<br>JACKSONVILLE FL 32207 | 800 PRUDENTIAL DRIVE<br>JACKSONVILLE FL 32207 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 12/15/1993 |
| 3a. Date of Last Report | 05/01/1995 |
| 4. FEI Number | 59-3214043 (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 |

| | 2. Principal Place of Business | | 2a. Mailing Address |
|---|---|---|---|
| | c/o William C. Mason | | c/o William C. Mason |
| 21 | 1301 Riverplace Blvd | 26 | 1301 Riverplace Blvd. |
| 22 Suite, Apt. #, etc | Suite 1700 | 27 Suite, Apt. #, etc | Suite 1700 |
| 23 City & State | Jacksonville, FL | 28 City & State | Jacksonville, FL |
| 24 Zip | 32207 | 29 Zip | 32207 |
| 25 Country | USA | 30 Country | USA |

**9. Name and Address of Current Registered Agent**

SMITH HULSEY & BUSEY PA
1800 FIRST UNION BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

**10. Name and Address of New Registered Agent**

| | | |
|---|---|---|
| 81 | Name | Harvey Granger, General Counsel |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1301 Riverplace Blvd. |
| 83 | | Suite 1700 |
| 84 | City | Jacksonville FL |
| 85 | Zip Code | 32207 |

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 ______ Harvey Granger 7-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DV ☐ DELETE | 1.1 TITLE | D/V ☒ Change ☐ Addition |
| NAME | BURGHARDT | 1.2 NAME | Burghardt, Joseph P. |
| STREET ADDRESS | 800 PRUDENTIAL DR | 1.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | DP ☐ DELETE | 2.1 TITLE | D/P ☒ Change ☐ Addition |
| NAME | PARRETT, DONALD O. | 2.2 NAME | Parrett, Donald O. |
| STREET ADDRESS | 800 PRUDENTIAL DR | 2.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | D ☐ DELETE | 3.1 TITLE | D ☒ Change ☐ Addition |
| NAME | PERRY, KENNETH C. | 3.2 NAME | Perry, [redacted] LINDA |
| STREET ADDRESS | 800 PRUDENTIAL DR | 3.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | V ☐ DELETE | 4.1 TITLE | V ☒ Change ☐ Addition |
| NAME | WHORTON, JAMES H. | 4.2 NAME | Whorton, James H. |
| STREET ADDRESS | 800 PRUDENTIAL DR | 4.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | S ☐ DELETE | 5.1 TITLE | S ☒ Change ☐ Addition |
| NAME | JACKSON, REBECCA B. | 5.2 NAME | Jackson, Rebecca B. |
| STREET ADDRESS | 800 PRUDENTIAL DR | 5.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | TAS ☐ DELETE | 6.1 TITLE | T/AS ☒ Change ☐ Addition |
| NAME | PERRY, LINDA | 6.2 NAME | Perry, Linda |
| STREET ADDRESS | 800 PRUDENTIAL DR | 6.3 STREET ADDRESS | 1301 Riverplace Blvd., Suite 1700 |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | Jacksonville, FL 32207 |

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** ______ Rebecca B. Jackson 7-29-96 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002703 CP