

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # **P93000085633 (4)**

1. Corporation Name

CONSOLIDATED/PAVILION MEDICAL EQUIPMENT, INC.

Principal Place of Business

**C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207
US**

Mailing Address

**C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207-9047
US**

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

08/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY
GENERAL COUNSEL
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32202**

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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DV	BURGHARDT	1301 RIVERPLACE BLVD., SUITE 1700	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DP	PARRETT, DONALD O.	1301 RIVERPLACE BLVD., SUITE 1700	JACKSONVILLE FL	<input type="checkbox"/>
D	PERRY, KENNETH C.	1301 RIVERPLACE BLVD. SUITE 1700	JACKSONVILLE FL	<input type="checkbox"/>
V	WHORTON, JAMES H.	1301 RIVERPLACE BLVD., SUITE 1700	JACKSONVILLE FL	<input type="checkbox"/>
S	JACKSON, REBECCA B.	1301 RIVERPLACE BLVD., SUITE 1700	JACKSONVILLE FL	<input type="checkbox"/>
TAS	PERRY, LINDA	1301 RIVERPLACE BLVD., SUITE 1700	JACKSONVILLE FL	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Rebecca B. Jackson

Rebecca B. Jackson, Secretary

4-23-97

904/202-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)