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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087862 (7)

CEO MEDICAL, INC.

Principal Place of Business 1336 COTTONWOOD COVE PORT \$T. LUCIE FL 34996		Mailing Address 1336 COTTONWOOD COVE PORT ST. LUCIE FL 34986-2002		, sebines) ing sesse initi seini ebrit beiti bekei lett) tebet lette elile elile (1911 ibbt			
					3. Date Incorporated or Qualified 01/03/1994	3a. Date of La 05/01/199	,
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3216358	<u> </u>	Applied For Not Applicable
Suite Apr #	etc	Suite, Apt #, etc			5. Certificate of Status Desired	1 1 '	'5 Additional Required
Gity & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 4	Country 25	Ζιρ 29	Countr 30	У	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes \[\] No	er s. 199.032,
····	9. Name and Address of Curre	·······			10. Name and Address of New Re	gistered Agent	
	AW FIRM OF LAWRENCE J.	spiegel Chrtrd	81	Name			
	lmeria avenue L gables fl 33134		82		fress (P.O. Box Number is Not Acceptab	le)	
			83	3			
			84			FL I	Zip Code
office or reg agent it ans	the provisions or sections 657.0s jistered agent, or both, in the Stat familiar with, and accept the obli	e of Flouda. Such chango wa	ie authorizad h	with a cornors	poration submits this statement for the pi ation's board of directors. I hereby accep	urpose of changir It the appointment	ng its registered t as registered
Signature	gnature, typed or punted name of registered a	per and title diapple atog (I	NOTE: Hegistered Ac	upper analysis in a	red when reinstaling)	DATE	
2.	OFFICERS At	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	P	DELETE	1.1 THILE			Chan	
IAME	DONAHUE, C E		1.2 NAME				
TREET ADORESS	1336 COTTONWOOD COVE		1.3 STREE	T ADDRESS			
DIY-ST-ZIP	PORT ST. LUCIE FL 34986		1.4 CITY-	ST-ZIP			
		DELETE	2.1 TITLE			Chan	ge Addition
II:LE		L OLUCIA					
			2.2 NAME				
MAME		[] occar					
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SIGNATURE:

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