FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:01

DOCUMENT # P94000006658 (6)

1. Corporation Name

TAC ALPHA MEDICAL, INC.

Principal Place of Business	Mailing Address
1660G WINDORAH WAY W PALM BEACH FL 33411	1660G WINDORAH WAY W PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

4. FEI Number: 65-046-4183 ☐ 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
	21	26
Suite, Apt. #, etc	22 129 Lehave Terrace, #137	27 129 Lehave Terrace, #137
City & State	23 N Palm Beach, FL	28 N Palm Beach, FL
Zip	24 33408	29 33408
Country	25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

LUSK, GENE
1660G WINDORAH WAY
W PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Lusk, Gene
82 Street Address (P.O. Box Number is Not Acceptable): 129 Lehave Terrace, #137
83
84 City: N PALM BEACH FL 85 Zip Code: 33408

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: Gene Lusk DATE: 1-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	LUSK, GENE	1 NAME	
STREET ADDRESS	1660G WINDORAH WAY	1 STREET ADDRESS	129 LEHANE TERRACE
CITY ST ZIP	W PALM BEACH FL 33411	1 CITY ST ZIP	N PALM BEACH, FL 33408
TITLE	D	2 TITLE	☑ Change ☐ Addition
NAME	~~ZARATE, JOHN~~	2 NAME	ZARATE, JOHN Resigned
STREET ADDRESS	~~3 TAMARAC COURT~~	2 STREET ADDRESS	
CITY ST ZIP	~~CARY IL 60013~~	2 CITY ST ZIP	
TITLE		3 TITLE	V ☐ Change ☑ Addition
NAME		3 NAME	LUSK, SCOTT
STREET ADDRESS		3 STREET ADDRESS	6616 Speight CR.
CITY ST ZIP		3 CITY ST ZIP	RALEIGH, NC 27604
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I the undersigned 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)(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: Gene Lusk 1-11-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0251611 CP