

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$575)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010559 (0)

1. Corporation Name

REPUBLIC MEDICAL, INC.

Principal Place of Business

1499-A NW AMHERST DRIVE
PORT ST. LUCIE FL 34986

Mailing Address

1499-A NW AMHERST DRIVE
PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

4. FEI Number

65-0460992

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 c/o Baur, Miller & Webner,

26 c/o Baur, Miller & Webner, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 100 N. Biscayne Blvd, 21st Fl

27 100 N. Biscayne Blvd, 21st Fl

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33132

25 USA

29 33132

30 USA

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

10. Name and Address of New Registered Agent

REIF, THOMAS H
1499-A NW AMHERST DRIVE
PORT ST. LUCIE FL 34986

81 Name

Baur, Miller & Webner, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. Biscayne Blvd, 21 st. FL.

83

84 City

Miami

FL

85 Zip Code
33132

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

Rebecca M. Wilson

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
REIF, THOMAS H
1499-A NW AMHERST DRIVE
PORT ST. LUCIE FL 34986

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/S/D
Reif, Thomas H.
Av. Silva Lobo; 1670, Nova Granada
30.460.000 - Belo Horizonte - Brasil

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(d), 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 registered agent 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:

Thomas H. Reif
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Reif, President

7/4/95

Date

1011.55.31.332.5225

Daytime Phone #

CR2E034 (3/95)