

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014297

1. Corporation Name
C MED, INC.

Principal Place of Business
2238-40 DREW ST
CLEARWATER FL 33765
US

Mailing Address
2250 DREW ST.
CLEARWATER FL 33765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. c/o OMNA Medical Partners

27. Suite, Apt. #, etc.
2255 Glades Road, #219A

28. City & State
Boca Raton, FL

29. Zip
33431

Country

4. FEI Number

59-3232228

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 owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

3. Name and Address of Current Registered Agent

MCCURDY, JACK R JR
2250 DREW ST.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81. Name
Peter H. Harris, Esq.

82. Street Address (P.O. Box Number is Not Acceptable)
OMNA Medical Partners, Inc.

83. 2255 Glades Road, Suite 219A

84. City
Boca Raton

FL

85. Zip Code
33431

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 agent. I, Peter H. Harris, Secretary of the State of Florida, hereby certify that the above-named corporation has authorized by the corporation's board of directors the appointment as registered agent of Peter H. Harris, and that the obligations of Section 607.0505, Florida Statutes, are hereby accepted.

SIGNATURE

Peter H. Harris

VP/Secretary

(NOTE: Registered Agent's signature required when re-registering)

April 23, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

OCFO
MCCURDY, JACK R. JR
2250 DREW ST.
CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
WEILAND, DOUGLAS J
2250 DREW ST
CLEARWATER FL 33765

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CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP

☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-STATE-ZIP

☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP

☐ Change ☐ Addition

10.1 TITLE
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10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP

☐ Change ☐ Addition

11.1 TITLE
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11.4 CITY-STATE-ZIP

☐ Change ☐ Addition

12.1 TITLE
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13.1 TITLE
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14.1 TITLE
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14.4 CITY-STATE-ZIP

☐ Change ☐ Addition

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY-STATE-ZIP

☐ Change ☐ Addition

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I 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 applicable.

SIGNATURE Peter H. Harris

April 23, 1999 (561) 988-2222