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
95 MAY -1 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017050 (3)

1. Corporation Name

BLOOMINGTON MEDICAL, INC.

Principal Place of Business	Mailing Address
445 DOUGLAS AVE. SUITE 2005-7 ALTAMONTE SPRINGS FL 32714	445 DOUGLAS AVE. SUITE 2005-7 ALTAMONTE SPRINGS FL 32714

PL NOTE CHANGE OF ADDRESS.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1000, SAVAGE COURT	2a. Mailing Address: 26 1000, SAVAGE COURT
Suite, Apt. #, etc. 22 SUITE 102	Suite, Apt. #, etc. 27 SUITE 102
City & State 23 LONGWOOD, FLORIDA	City & State 28 LONGWOOD FLORIDA
Zip 24 32750 / Country 25 U.S.A	Zip 29 32750 / Country 30 U.S.A.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:
4. FEI Number: 59-3249249 ☐ 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

KHAN, MOZAFFER A
430 LOS ALTOS WAY
#104
ALTAMONTE SPRINGS FL 32714

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 M. A. Khan 4-29-95

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	KHAN, MOZAFFER A.
STREET ADDRESS	430, LOS ALTOS WAY #104
CITY, ST, ZIP	ALTAMONTE SPRINGS, FL32714
TITLE	VICE PRESIDENT.
NAME	MCDOUGALL, JOHN.
STREET ADDRESS	6717, WAXWING LANE.
CITY, ST, ZIP	ORLANDO, FL 32810.
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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 119.07(3)(k), 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: M. A. Khan 4-29-95 407-830-1310

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

0030335 CP