

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017050 (3)

1. Corporation Name

BLOOMINGTON MEDICAL, INC.



Principal Place of Business

1000 SAVAGE COURT
SUITE 102
LONGWOOD FL 32750
US

Mailing Address

1000 SAVAGE COURT
SUITE 102
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1140 DOT DRIVE

2a. Mailing Address

26 1140 DOT DRIVE

4. FEI Number

59-3249249

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 ALTAMONTE SPRINGS FL

28 ALTAMONTE SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32714 25 U.S.A.

29 32714 30 U.S.A.

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 KHAN, MOZAFFER ALI

82 Street Address (P.O. Box Number is Not Acceptable)
1140, DOT DRIVE

83

84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

04-29-1996

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KHAN, MOZAFFER A.
STREET ADDRESS ~~430 LOS ALTOS WAY #104~~ 1140, DOT DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE V ☐ DELETE
NAME MCDOUGALL, JOHN
STREET ADDRESS ~~8747 WAXWING LANE~~ 1140, DOT DRIVE
CITY-ST-ZIP ~~ORLANDO FL~~ ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-1996

Date

407-862-4344

Daytime Phone #

CR2E034 (12/95)