

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000044996 (4)**

1. Corporation Name

STERILE RECOVERIES, INC.

Principal Place of Business

**28100 US HWY 19 N
SUITE 201
CLEARWATER FL 34621**

Mailing Address

**28100 US HWY 19 N
SUITE 201
CLEARWATER FL 34621**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**ISEL, RICHARD T
28100 U.S. HIGHWAY 19 NORTH
SUITE 201
CLEARWATER FL 34621**

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

06/15/1995

4. FET Number

59-3252632

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

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 607.0102 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

Signature of Registered Agent or Designated Officer

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
ISEL, RICHARD T
3035 TURTLEBROOK
CLEARWATER FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
PETERSON, WAYNE R
2779 CAMDEN RD
CLEARWATER FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VSD
BOOSALES, JAMES T
13561 VERDE DR
PALM BEACH GARDENS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

☐ Change

☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-ST-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. 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)(a), 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 and signed for on an attachment with an address.

SIGNATURE:

J. Boosales **JAMES T. BOOSALES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

813-726-4421
DATE OF FILING

CR2E034 (12/95)