

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 # P94000045918 (7)

1. Corporation Name

TREK MEDICAL CORPORATION



Principal Place of Business

14280 CARLSON CIRCLE
TAMPA FL 33626

Mailing Address

14280 CARLSON CIRCLE
TAMPA FL 33626

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3290114

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)

2909 BAY TO BAY BLVD

83

SUITE 309

84

City

TAMPA

FL

85. Zip Code

33609

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

Signature, typed or printed name of registered agent and board of directors

(Initials: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

☐ DELETE

NAME

DAVIS, RICHARD C

STREET ADDRESS

14280 CARLSON CIR.

CITY- ST- ZIP

TAMPA FL

TITLE

D

☐ DELETE

NAME

SAUEY, DONALD P

STREET ADDRESS

8390 OLD SOUTHWICK PASS

CITY- ST- ZIP

ALPHARETTA GA

TITLE

D

☐ DELETE

NAME

RAMSEY, MAYNARD III

STREET ADDRESS

903 GOLFVIEW LANE

CITY- ST- ZIP

TAMPA FL

TITLE

SD

☐ DELETE

NAME

DOMIN, TERRENCE

STREET ADDRESS

5 REVERE DR., STE. 200

CITY- ST- ZIP

NORTHBROOK IL

TITLE

T

☐ DELETE

NAME

AYERS, GREGORY S

STREET ADDRESS

3113 W SAN CARLOS ST

CITY- ST- ZIP

TAMPA FL

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

D
MONROE, KENNETH
1611 HAMPTON LANE
SAFETY HARBOR FL 34695

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:

G.S. Ayers

G.S. Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (813) 855 2725

Date: Phone #

CR2E034 (12/95)