

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

FILED
Aug 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. M... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000050964
1. Corporation Name
PREFERRED MEDICAL SYSTEMS INC

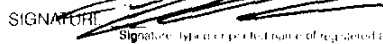
Principal Place of Business
1000 BROADWAY
DUNEDIN, FL 34698
Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3376159 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 or has paid the current year intangible Personal Property tax due June 30. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent 81 Name NICHOLAS SIDERIS JR 82 Street Address (P.O. Box Number Not Acceptable) 1305 GARDEN AVE 83 84 City TARPON SPRINGS, FL 85 Zip Code 34689
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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:  8/10/98
Signature type and printed name of registered agent and title if applicable (b)(3)(C) Registered Agent signature required when reinstating (b)(3)(D)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ☐ DELETE NICHOLAS SIDERIS JR 1305 GARDEN AVE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TARPON SPRINGS, FL ☐ DELETE 34689	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date:

AUG 17, 1998 (813) 783-3440

Daytime Phone

CR2E034 (10/97)

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JUNE 18, 1998.

MR. TYRONE SCOTT
FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

DEAR MR. SCOTT,

CONFIRMING OUR PHONE CONVERSATION OF TODAY, I HAVE ENCLOSED A COMPLETED APPLICATION WITH A CHECK FOR \$150.00. AS I EXPLAINED, DUE TO OUR RECENT MOVE, THE APPLICATION WAS NOT RECEIVED IN TIME FOR US TO RESPOND. I WILL CERTAINLY APPRECIATE YOUR WAIVING THE \$400.00 PENALTY.

THANK YOU VERY MUCH FOR ALL YOUR HELP IN THIS MATTER.

SINCERELY,



NICHOLAS SIDERIS JR
PRESIDENT
PREFERRED MEDICAL SYSTEMS