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[illegible]am...
Secretary of State
DIVISION OF CORPORATIONS

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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified

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

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 Not Acceptable) 1305 GARDEN AVE
83
84 City TARPON SPRINGS, FL 85 Zip Code 34689

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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT NICHOLAS SIDERIS JR 1305 GARDEN AVE TARPON SPRINGS, FL 34689	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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	600002624078 -08/25/98--01007--047 ***150.00 ☐ 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 PE 8.24

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: PRES JUNE 17, 1998 (813) 783-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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