

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:35

DOCUMENT # P94000055870 (7)

1. Corporation Name

OCALA TRANSMED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1137 WOODCREST AVE. INVERNESS FL 34453**
Mailing Address: **1137 WOODCREST AVE. INVERNESS FL 34453**

3. Date Incorporated or Qualified: **07/28/1994**
3a. Date of Last Report

2. Principal Place of Business: **21 821 NE 314th St.**
2a. Mailing Address: **26 P.O. Box 371**

4. FEI Number: **59-326 2200**
Applied For: Not Applicable

State, Apt #, etc: **22 Unit #5**
City & State: **27 Ocala, FL.**

5. Certificate of Status Ousted: **\$8.75 Additional Fee Required**

City & State: **28 Ocala, FL.**

6. Election Campaign Financing: Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7a. **34470** 7b. **USA** 29. **34478** 30. **USA**

8. This corporation has liability for enterprise tax under S. 100.029 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**PITRE, WOODROW L
1137 WOODCREST AVE.
INVERNESS FL 34453**

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 607.0502 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: **Woodrow L. Pitre** *[Signature]* **6-26-95**
DATE: **6-26-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PITRE, WOODROW L
STREET ADDRESS	1137 WOODCREST AVE.
CITY, ST, ZIP	INVERNESS FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **6-8-95 (904) 694-7550**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR