

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

CORPORATION
ANNUAL REPORT

1995



DEPARTMENT OF REVENUE
CORPORATION TAXES
TAXPAYER'S GUIDE
FILING ANNUAL REPORT

APPROVED
AND
FILED

09/19/1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070782 (5)

KB MEDICAL, INC.

2795 VIA BAYA LANE
JACKSONVILLE FL 32223

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JACKSONVILLE FL 32223

3. Filing Date of Report (Month/Day/Year)

09/19/1994

4. Filing Office (County) 3a. Filing Office (County)

59-3272088

\$8.75 Additional
Fee Required

5. Filing Office (County) (Name)

6. Filing Office (County) (Name)

\$5.00 May Be
Added to Fees

7. Filing Office (County) (Name)

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR SUITE 105
JACKSONVILLE FL 32207

81. Name

82. Name

83. Name

84. Name

FL

85. Name

D
KRAEMER, MARK
2795 VIA BAYA LANE
JACKSONVILLE FL 32223

D
BARBA, MICHAEL C
128 E MAPLE STREET
VALLEY STREAM NY 11580

13. Name

14. Name

15. Name

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

26. Name

27. Name

28. Name

29. Name

30. Name

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts and circumstances of the corporation's affairs as of the date of the filing of this report. I am a duly authorized officer or director of the corporation and I am not a resident of the State of Florida. I am not a resident of the State of Florida. I am not a resident of the State of Florida.

SIGNATURE: *Mark Kraemer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK B KRAEMER

4/28/95 (904) 729-
9636