

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080287 (3)

1. Corporation Name

DR'S MEDICAL, INC

Principal Place of Business

11245 8TH STREET EAST
TREASURE ISLAND FL 33706

Mailing Address

11245 8TH STREET EAST
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

10/31/1994

3. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

593278742

Applied For

Not Applicable

22. State Apt # etc

26. State Apt # etc

\$8.75 Additional
Fee Required

23. City, State

27. City, State

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSELL, DAVID G
11245 8TH STREET EAST
TREASURE ISLAND FL 33706

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROSELL, DAVID G
STREET ADDRESS 11245 8TH STREET EAST
CITY- ST- ZIP TREASURE ISLAND FL 33706

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David G. Rosell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 813 3630306

Date

Optional Filing #