SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:34

DOCUMENT # **P94000083224 (3)**

1. Corporation Name

INNOVATIVE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
5770 ROOSEVELT BLVD. SUITE 610 CLEARWATER FL 34620	5770 ROOSEVELT BLVD. SUITE 610 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5811 MEMORIAL HWY	26 5811 MEMORIAL HWY
Suite, Apt. #, etc. 22 SUITE 202	Suite, Apt. #, etc. 27 SUITE 202
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33615	Country 25 USA
Zip 29 33615	Country 30 USA

4. FEI Number: 59-3281460 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAMOUREUX, GEORGE J 5811 MEMORIAL HWY SUITE 202 TAMPA FL 33615	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	TRUESDALE, RICHARD S	12 NAME		
STREET ADDRESS	3575 BENNINGTON	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	KREMER, RICHARD M	22 NAME		
STREET ADDRESS	2514 YELLOW CREEK RD.	23 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44333	24 CITY-ST-ZIP	OH	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	FLOYD, RONALD L	32 NAME		
STREET ADDRESS	1904 STOCKBRIDGE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44313	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	VERES, FRANK G	42 NAME		
STREET ADDRESS	4681 MAHONING AVE., NW	43 STREET ADDRESS		
CITY-ST-ZIP	WARREN OH 44483	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE		☐ Change ☐ Addition
NAME	OTTO, ELLEN T	52 NAME		
STREET ADDRESS	810 HAMPTON RIDGE DR.	53 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44313	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Richard L. Truesdale President 7/28/95 (813) 886-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119240 CP