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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000083224 (3)**

1. Corporation Name
INNOVATIVE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
5811 MEMORIAL HWY STE 202 TMAPA FL 33615 US	5811 MEMORIAL HWY STE 202 TMAPA FL 33615-5000 US

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report: 06/10/1996

2. Principal Place of Business
21 3575 Bennington
22 Suite, Apt. #, etc. 21
23 City & State: Ft. Myers, FL
24 Zip: 33907
25 Country: USA

2a. Mailing Address
26 3575 Bennington
27 Suite, Apt. #, etc. 21
28 City & State: Ft. Myers, FL
29 Zip: 33907
30 Country: 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

LAMOUREUX, GEORGE J
5811 MEMORIAL HWY
SUITE 202
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Richard S. Truesdale
82 Street Address (P.O. Box Number is Not Acceptable): 3575 Bennington #21
83
84 City: Ft Myers FL 85 Zip Code: 33907

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: Richard S. Truesdale 4-25-97
Signature, typed 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	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUESDALE, RICHARD S		1.2 NAME		
STREET ADDRESS	3575 BENNINGTON #21		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELLER, WALTER A		2.2 NAME		
STREET ADDRESS	2230 SHORT HILLS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON FL 44313		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	FLOYD, RONALD L		3.2 NAME	Floyd, Ronald L.	
STREET ADDRESS	2286 COVINGTON		3.3 STREET ADDRESS	212 Sassafras Ct.	
CITY-ST-ZIP	AKRON OH 44313		3.4 CITY-ST-ZIP	Aiken, SC 29803	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VERES, FRANK G		4.2 NAME		
STREET ADDRESS	4681 MAHONING AVE., NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN OH 44483		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OTTO, ELLEN T		5.2 NAME		
STREET ADDRESS	810 HAMPTON RIDGE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44313		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOBE, EARL M		6.2 NAME		
STREET ADDRESS	2404 BUR OAK NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON OH 44705		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Richard S. Truesdale RICHARD S. TRUESDALE 4-25-97 330-922-4931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0362784