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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083224

1. Corporation Name

INNOVATIVE MEDICAL EQUIPMENT, INC.

Principal Place of Business

3575 BENNINGTON

#21

FT. MYERS FL 33907

US

Mailing Address

3575 BENNINGTON

#21

FT. MYERS FL 33907

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TRUESDALE, RICHARD S

3775 BENNINGTON

#21

FT. MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **TRUESDALE, RICHARD S**

STREET ADDRESS **3575 BENNINGTON**

CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **D** ☐ DELETE

NAME **BELLER, WALTER A**

STREET ADDRESS **2230 SHORT HILLS DRIVE**

CITY-ST-ZIP **AKRON FL 44313**

TITLE **D** ☐ DELETE

NAME **FLOYD, RONALD L**

STREET ADDRESS **212 SASSAFRAS CT.**

CITY-ST-ZIP **AIKEN SC**

TITLE **DP** ☒ DELETE

NAME **VERES, FRANK G**

STREET ADDRESS **4681 MAHONING AVE., NW**

CITY-ST-ZIP **WARREN OH 44483**

TITLE **ST** ☐ DELETE

NAME **OTTO, ELLEN T**

STREET ADDRESS **810 HAMPTON RIDGE DR.**

CITY-ST-ZIP **AKRON OH 44313**

TITLE **D** ☐ DELETE

NAME **JOBE, EARL M**

STREET ADDRESS **2404 BUR OAK NE**

CITY-ST-ZIP **CANTON OH 44705**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)