

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083678 (0)

1. Corporation Name

QUIKMED, INC.



Principal Place of Business

Mailing Address

~~2013 SW 31ST AVE~~
~~PEMBROKE PINES FL 33009~~
US

~~2013 SW 31ST AVE~~
~~PEMBROKE PINES FL 33009~~
US

2. Principal Place of Business

2a. Mailing Address

21 235 N. UNIVERSITY DR
Suite, Apt. #, etc.

26 235 N. UNIVERSITY DR
Suite, Apt. #, etc.

22 City & State

27 City & State

23 PEMBROKE PINES, FL 33024

28 PEMBROKE PINES, FL 33024

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

UDELL, MICHAEL B
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
02/16/1995

4. FEI Number
65-0532785

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 607.1501, Florida Statutes.

SIGNATURE

Signature of person submitting this report (change if applicable)

Signature of Registered Agent (change if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SIEGEL, LAWRENCE	
STREET ADDRESS	2013 SW 31ST AVE	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	DST	☐ DELETE
NAME	KULA, DANIEL	
STREET ADDRESS	2013 SW 31ST AVE	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	DVP	☐ DELETE
NAME	KALISH, ERROL	
STREET ADDRESS	2013 SW 31ST AVE	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	235 N. UNIV. DR
1.4 CITY-STATE-ZIP	PEMBROKE PINES, FL 33024
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	235 N. UNIVERSITY DR
2.4 CITY-STATE-ZIP	PEMBROKE PINES, FL 33024
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	235 N. UNIVERSITY DR
3.4 CITY-STATE-ZIP	PEMBROKE PINES, FL 33024
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 person or persons authorized 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE FOR FILING

CR2E034 (12/95)