

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000091052 (8)

1. Corporation Name

DELPHI MEDICAL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

3920 BEE RIDGE ROAD  
BUILDING A STE E  
SARASOTA FL 34233  
US

P.O. BOX 21535  
SARASOTA FL 34276-4535  
US

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

65-0550097

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

WALTER A. RYAN

82 Street Address (P.O. Box Number is Not Acceptable)

83

3712 MALEC CIRCLE

84 City

SARASOTA

FL

85 Zip Code

34233

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

Walter A. Ryan

Signature, typed or printed name of registered agent and date applicable

(If OFF. Registered Agent signature required when resigning)

6/6/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME RISTUCCIA, PATRICIA A  
STREET ADDRESS 3712 MALEC CIRCLE  
CITY-ST-ZIP SARASOTA FL 34233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE P/M  
12 NAME RISTUCCIA, PATRICIA A.  
13 STREET ADDRESS 3767 KINGSTON BLVD  
14 CITY-ST-ZIP SARASOTA FL 34238

21 TITLE P/M  
22 NAME RYAN, SHARON A.  
23 STREET ADDRESS 3712 MALEC CIRCLE  
24 CITY-ST-ZIP SARASOTA, FL 34233

31 TITLE  
32 NAME  
33 STREET ADDRESS

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Sharon A. Ryan

SHARON A. RYAN

6/6/96

9419278291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone

CR2E034 (3/96)