

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000091424 (9)

1. Corporation Name

ADVANTAGE MEDICAL INTERNATIONAL, INC.



Principal Place of Business

10630 WILES ROAD
CORAL SPRINGS FL 33076

Mailing Address

10630 WILES ROAD
CORAL SPRINGS FL 33076

2. Principal Place of Business

21 818 S.E. 7th St.

Suite, Apt. #, etc.

2a. Mailing Address

26 818 SE 7th STREET

Suite, Apt. #, etc.

22 City & State

23 Ft. LAUDERDALE, FL

24 33301 25 U.S.A.

27 City & State

28 Ft. LAUDERDALE, FL

29 33301 30 USA

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

08/14/1995

4. FEI Number

APPLIED FOR 65-0646382

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

EASLER, LINDA

10630 WILES ROAD
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

LINDA EASLER

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

8810 NW 18th St

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33071

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

Linda J. Easler

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4-9-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EASLER, JANE
STREET ADDRESS 421 DUQUESNE DRIVE
CITY-ST-ZIP PITTSBURG PA

TITLE D ☐ DELETE
NAME EASLER, LINDA
STREET ADDRESS 8810 N.W. 18TH STREET
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda J. Easler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. EASLER

4-9-96
DATE

(954) 345-9800
BUSINESS PHONE #

CR2E034 (12/95)