

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lewis B. McHugh
Secretary of State
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

DOCUMENT # **P94000093210 (0)**

30 MAY -1 PM 1:55

VANHOO MEDICAL SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

Mailing Address

2714 REW CIRCLE
OCFEE FL 34761

2714 REW CIRCLE
OCFEE FL 34761

DO NOT WRITE IN THIS SPACE

2. First and Last Name of Officer

2a. Mailing Address

21

26

State: Apt. #

State: Apt. #

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1994

4. FEI Number

59-3283647

☒ Approved or
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Federal Election Commission

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for nonpayment of taxes under § 192.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRVEN, ROGERS W JR
2714 REW CIRCLE
OCFEE FL 34761

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

Rogers Kirven Jr.

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
*President
Rogers Kirven
2714 REW CIRCLE
Ocf, FL. 34761*

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL INFORMATION TO CHANGE OR ADD OFFICERS OR DIRECTORS

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 192.032(1)(b), Florida Statutes. I further certify that the information included 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 manager or business responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any other filing with any address.

SIGNATURE:

Rogers Kirven Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Feb 95 4076563322
Date