

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90073 018 ***150.00

0108443

DOCUMENT # P95000001843

1. Corporation Name
OSLER MEDICAL, INC.



Principal Place of Business
930 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address
930 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

59-3297304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
309 N ORANGE AVE SUITE 1100
3RD FLOOR
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POCOSKI, DAVID J
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE DT
NAME LESSER, MICHAEL F
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE CP
NAME KORETSKY, PETER A
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME MORRIS, ROBERT S
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME ZAVITSANOS, JAMES P
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE DS
NAME ATKINSON, ANDREW M
STREET ADDRESS 930 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

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

☐ Change ☐ Addition

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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

04-29-99

Date

407-725-5050

Daytime Phone #

CR2E034 (11/98)