

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004214 (9)

1. Corporation Name

ATLANTIC SURGICAL EQUIPMENT INC.



Principal Place of Business

Mailing Address

300 S SPAULDING COVE
HEATHROW FL 32746

300 S SPAULDING COVE
HEATHROW FL 32746

2. Principal Place of Business

21 390 Corporate Way

2a. Mailing Address

26 (Same) 390 Corporate Way

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City, State

23 Longwood

27 City & State

28 Longwood

24 Zip 32750

25 Country Seminole

29 Zip 32750

30 Country Seminole

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

—

4. FEI Number

59-3292338

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

MILES, HARRY W
300 S SPAULDING COVE
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

HARRY W. MILES

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

390 CORPORATE WAY

83

84 City

Longwood,

FL

85 Zip Code

32750

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P MILES, HARRY W ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
300 S SPAULDING COVE
HEATHROW FL 32746

TITLE ST MILES, BARBARA J ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
300 S SPAULDING COVE
HEATHROW FL 32746

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

11 TITLE P ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
P Harry W. Miles
1617 Torrington Circle
Longwood FL 32750

21 TITLE ST ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
ST BARBARA J. Miles
1677 Torrington Circle
Longwood, FL 32750

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

6.19.96

100001868771
-06/20/96--01020--002
***225.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (407) 260-6760

CR2E034 (3/96)