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FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023371 (4)

1. Corporation Name

SYMED, INC.

Principal Place of Business

901 NW 8TH AVE
SUITE B-1
GAINESVILLE FL 32601
US

Mailing Address

901 NW 8TH AVENUE
SUITE B-1
GAINESVILLE FL 32601-5089
US

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3325365

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

GRAMS, RALPH R
2025 N.W. 24TH STREET
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GRAMS, RALPH R	
STREET ADDRESS	2025 N.W. 24TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MOYER, ERNEST H.	
STREET ADDRESS	5332 NW 9TH LANE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLAS, LOWELL	
STREET ADDRESS	319 ALANBROOK AVE	
CITY - ST - ZIP	N. LITTLE ROCK AR	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BARNETT, MILES	
STREET ADDRESS	13801 RIVERPORT DRIVE, SUITE 303	
CITY - ST - ZIP	MARYLAND HEIGHTS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWSERT, LARRY	
STREET ADDRESS	14515 N OUTER FORTY ROAD, SUITE 140	
CITY - ST - ZIP	CHESTERFIELD MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	16253 QUAIL VALLEY DRIVE
44 CITY - ST - ZIP	CHESTERFIELD, MO 63005
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 and changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNEST H. MOYER

1-27-97

(352) 392-4671

Date

Daytime Phone #

CR2E034 (9/96)