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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90086 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000026912

1. Corporation Name
MEDEX 7, INC.



Principal Place of Business

2539 S FLORIDA AVE
LAKELAND FL 33806
US

Mailing Address

2539 S FLORIDA AVE
LAKELAND FL 33806
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

59-3306857

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DIMOTTA, EDWARD E
629 HOWARD AVE
LAKELAND FL 33815

10. Name and Address of New Registered Agent

81 Name

Edward E. DiMotta

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

3618 ASHLING DRIVE

83

84 City

LAKELAND

FL

85 Zip Code

33803

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 **CPOD** ☐ DELETE
NAME **DIMOTA, EDWARD E**
STREET ADDRESS **629 HOWARD AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VPOD** ☐ DELETE
NAME **KING, JAMES M**
STREET ADDRESS **2750 GALE ROSE DR**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VPOD** ☐ DELETE
NAME **DIMOTTA, SEAN M**
STREET ADDRESS **6899 HAYTER DR**
CITY-ST-ZIP **LAKELAND FL**

TITLE **OD** ☐ DELETE
NAME **MAY, SHAWN D**
STREET ADDRESS **6 EAST CLEMENTON RD**
CITY-ST-ZIP **GIBBSBORO NJ**

TITLE **DO** ☐ DELETE
NAME **MAY, COURTNEY H**
STREET ADDRESS **6 E CLEMENTON RD**
CITY-ST-ZIP **GIBBSBORO NJ**

TITLE **OD** ☐ DELETE
NAME **MCELHENIE, RONALD D**
STREET ADDRESS **2044 RYAN WAY**
CITY-ST-ZIP **WINTER HAVEN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CPOD**
1.2 NAME **DiMotta, Edward**
1.3 STREET ADDRESS **3618 Ashling Drive**
1.4 CITY-ST-ZIP **LAKELAND, FL. 33803**

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Edward E. DiMotta** **Edward E. DiMotta** **01/25/99** **941-680-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)