

**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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000028024 (4)**

1. Corporation Name

**MIDSTATE MEDICAL INC.**



Principal Place of Business

Mailing Address

~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~  
~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~

~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~  
~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~

3. Date Incorporated or Qualified  
**04/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **218-150th Avenue**

26 **218-150th Avenue**

4. FEI Number

**59-3363985**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33708**

25 **Pinellas**

29 **33708**

30 **Pinellas**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~  
~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~  
~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~

81 Name

**Robert J. Jones, Esquire**

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

**6500 Central Avenue**

83

84 City

**St. Petersburg**

**FL**

85 Zip Code

**33707**

11. Pursuant to the provisions of Sections 607.0502 and 607.1605, 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, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Robert J. Jones**

**6/23/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | PD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DAYANZA, FRANCIS</b>         |  |
| STREET ADDRESS | <b>3101-B SAN RAFAEL STREET</b> |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33629</b>           |  |
| TITLE          | VD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>VELTEN, RON</b>              |  |
| STREET ADDRESS | <b>572 LILIAN DRIVE</b>         |  |
| CITY-ST-ZIP    | <b>MADEIRA BEACH FL 33708</b>   |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

|                   |                                 |  |
|-------------------|---------------------------------|--|
| 11 TITLE          | PD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>RONALD J. VELTEN</b>         |  |
| 13 STREET ADDRESS | <b>218-150th Avenue</b>         |  |
| 14 CITY-ST-ZIP    | <b>St. Petersburg, FL 33708</b> |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                 |  |
| 43 STREET ADDRESS |                                 |  |
| 44 CITY-ST-ZIP    |                                 |  |
| 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 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:

**RONALD J. VELTEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/13/96**

DATE

DATE OF FILING

CR2E034 (3/96)