

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031260 (9)

1. Corporation Name

NEOMEDICS OF TAMPA BAY, INC.



Principal Place of Business

9914 COLONNADE DRIVE
TAMPA FL 33647

Mailing Address

9914 COLONNADE DRIVE
TAMPA FL 33647

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3318789

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

STORTS, RYAN E
9914 COLONNADE DRIVE
TAMPA FL 33647

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 signatory and date of signature

(NOTE: Registered Agent signature required when resigning.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE D ☐ DELETE
NAME STORTS, RYAN E
STREET ADDRESS 9914 COLONNADE DRIVE
CITY-ST-ZIP TAMPA FL 33647

11 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME STORTS, PAULA J
STREET ADDRESS % 9914 COLONNADE DRIVE
CITY-ST-ZIP TAMPA FL 33647

12 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

☐ Change ☐ Addition

23 STREET ADDRESS

☐ Change ☐ Addition

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

☐ Change ☐ Addition

32 NAME

☐ Change ☐ Addition

33 STREET ADDRESS

☐ Change ☐ Addition

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

☐ Change ☐ Addition

42 NAME

☐ Change ☐ Addition

43 STREET ADDRESS

☐ Change ☐ Addition

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

☐ Change ☐ Addition

52 NAME

☐ Change ☐ Addition

53 STREET ADDRESS

☐ Change ☐ Addition

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

☐ Change ☐ Addition

62 NAME

☐ Change ☐ Addition

63 STREET ADDRESS

☐ Change ☐ Addition

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Stak RYAN E. STORTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

813 913-7890

Date

Day/Week/Year

CR2E034 (12/95)