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FILED

Apr 21 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 # P95000033904 (0)

1. Corporation Name  
FEATHER MEDICAL, INC.



Principal Place of Business

8453 GARDENS CIRCLE  
APT #7  
SARASOTA FL 34243  
US

Mailing Address

8453 GARDENS CIRCLE  
APT #7  
SARASOTA FL 34243-3054  
US

2. Principal Place of Business

1084 55TH TERRACE S.  
Suite, Apt. #, etc.

22

City & State

ST. PETERSBURG, FL

Zip

33705

Country

U.S.A.

24

2a. Mailing Address

1084 55TH TERRACE S.  
Suite, Apt. #, etc.

27

City & State

ST. PETERSBURG, FL

Zip

33705

Country

U.S.A.

29

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3310558

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

FEATHERNGILL, LAYNE  
8453 GARDENS CIR APT 7  
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name LAY FEATHERNGILL, LAYNE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1084 55TH TERRACE S.  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33705

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

*Layne Featherngill*  
Signature, typed or printed name of registered agent and title if applicable

LAYNE FEATHERNGILL, PRESIDENT

4-14-97  
DATE

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FEATHERNGILL, LAYNE  
STREET ADDRESS 8453 GARDENS CIRCLE APT #7  
CITY-ST-ZIP SARASOTA FL 34243

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME FEATHERNGILL, LAYNE

1.3 STREET ADDRESS 1084 55TH TERRACE S.

1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE *Layne Featherngill* LAYNE FEATHERNGILL 4-14-97 P12-P64-3702

CR2E034 (9/96)