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 # **P95000055088 (5)**

1. Corporation Name

MONITOR MEDICAL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1601 W. MARION AVENUE SUITE 203 PUNTA GORDA FL 33950	1601 W. MARION AVENUE SUITE 203 PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: 07/14/1995

3a. Date of Last Report:

4. FEI Number: 56-1477757 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1601 W. Marion Ave.	26 1601 W. Marion Ave.
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Punta Gorda, FL	City & State 28 Punta Gorda, FL
Zip / Country 24 33950 / 25 USA	Zip / Country 29 33950 / 30 USA

9. Name and Address of Current Registered Agent

KONIDES, JIM
1601 W. MARION AVENUE
SUITE 203
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: Konides, Jim
82 Street Address (P.O. Box Number is Not Acceptable): 1601 W. Marion Ave.
83 Suite 103
84 City: Punta Gorda FL 85 Zip Code: 33950

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: Jim Konides — Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 1/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HANCOCK, RICHARD D	1.2 NAME	
STREET ADDRESS	4960 INDIANA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC 27106	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Hancock — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-16-96 — Daytime Phone #: 910 661-3000

CR2E034 (12/95)