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 # **P95000055107 (3)**

1. Corporation Name
RESPONSIVE MEDICAL, INC.

Principal Place of Business
6925 112 CIRCLE NORTH
SUITE 102
LARGO FL 34543

Mailing Address
6925 112 CIRCLE NORTH
SUITE 102
LARGO FL 34543

3. Date Incorporated or Qualified: 07/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6925 112 Circle N
Suite, Apt. #, etc.
22 Suite 102
City & State
23 Largo FL
Zip 24 34643 Country 25 Pinellas

2a. Mailing Address
26 6925 112 Circle N
Suite, Apt. #, etc.
27 Suite 102
City & State
28 Largo FL
Zip 29 34643 Country 30 Pinellas

4. FEI Number 59-3329098 ☐ 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**
SCHIFINO, WILLIAM J
SCHIFINO & FLEISCHER, P.A.
2014 N. FRANKLIN STREET, SUITE 2700
TAMPA FL 33602

10. **Name and Address of New Registered Agent**
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 registered agent and date as above — If the Registered Agent signature is required when not a change — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BERTOLAMI, JAMES	
STREET ADDRESS	% 6925 112 CIRCLE NORTH, SUITE 102	
CITY-ST-ZIP	LARGO FL 34543	
TITLE	D	☐ DELETE
NAME	CONARD, SCOTT	
STREET ADDRESS	% 6925 112 CIRCLE NORTH, SUITE 102	
CITY-ST-ZIP	LARGO FL 34543	
TITLE	D	☐ DELETE
NAME	CONARD, ANN	
STREET ADDRESS	% 6925 112 CIRCLE NORTH, SUITE 102	
CITY-ST-ZIP	LARGO FL 34543	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	secretary	☐ Change ☒ Addition
1.2 NAME	Margo L. Baptist Schwartz	
1.3 STREET ADDRESS	6925 112 Circle North, Suite 102	
1.4 CITY-ST-ZIP	Largo FL 34643	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Conard, Scott	
2.3 STREET ADDRESS	6925 112 Circle N Ste 102	
2.4 CITY-ST-ZIP	Largo FL 34643	
3.1 TITLE	President	☐ Change ☒ Addition
3.2 NAME	Conard, Ann	
3.3 STREET ADDRESS	6925 112 Circle N Ste 102	
3.4 CITY-ST-ZIP	Largo FL 34643	
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		

CR2E034 (12/95)

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: X [signature] ANN CONARD 5/28/96 813-547-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #