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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	Mailing Address
6925 112 CIRCLE NORTH SUITE 102 LARGO FL 34543	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) / Country (25)	34643 / Pinellas
2a. Mailing Address (26)	6925 112 Circle N
Suite, Apt. #, etc. (27)	Suite 102
City & State (28)	Largo FL
Zip (29) / Country (30)	34643 / 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 _____ DATE
Signature, typed or printed name of registered agent and date. (If the Registered Agent signature is required when not changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTOLAMI, JAMES % 6925 112 CIRCLE NORTH, SUITE 102 LARGO FL 34543	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	secretary Margo L. Baptist Schwartz 6925 112 Circle North, Suite 102 Largo FL 34643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONARD, SCOTT % 6925 112 CIRCLE NORTH, SUITE 102 LARGO FL 34543	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President Conard, Scott 6925 112 Circle N Ste 102 Largo FL 34643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONARD, ANN % 6925 112 CIRCLE NORTH, SUITE 102 LARGO FL 34543	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	President Conard, Ann 6925 112 Circle N Ste 102 Largo FL 34643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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