

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 # P95000060881 (6)

1. Corporation Name

BAY MEDICAL, INC.

Principal Place of Business

1640 S.W. 55TH AVENUE  
PLANTATION FL

Mailing Address

1640 S.W. 55TH AVENUE  
PLANTATION FL



3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2840 Stirling Road

26 P.O. Box 2154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 K

27

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Zip

24 33020

25 America

29 33020

30 America

4. FEI Number

65-0600965

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

10. Name and Address of New Registered Agent

GREENBERG, STUART E  
2801 S.W. 81ST AVENUE  
PEMBROKE PINES FL 33009

81 Name

Jorge de la Osa

82 Street Address (P.O. Box Number is Not Acceptable)

10680 SW 113 Place

83

St. 103

84 City

Miami

FL

85 Zip Code

33171

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/ ☒ DELETE

NAME SEMOK, KEITH A  
STREET ADDRESS 1640 S.W. 55TH AVENUE  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D/ ☐ DELETE

NAME FRANK, LAWRENCE A  
STREET ADDRESS 1641 S.W. 55TH AVENUE  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President & Board of Dir.  
Steven M. Frank  
1070 Tyler Street  
Hollywood, FL 33019

☐ Change

☒ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Frank

4/18/96

(954) 927-6868

CR2E034 (12/95)