

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # P95000062989 (5)

1. Corporation Name

~~D.G. PARSONS MEDICAL, INC.~~
Northstar Medical, Inc.

NC
11/21/96

Principal Place of Business

2293 LAKE POINTE CIRCLE
LEESBURG FL 34748

Mailing Address

2293 LAKE POINTE CIRCLE
LEESBURG FL 34748-9581

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARSONS, DONALD G
2293 LAKE POINTE CIRCLE
LEESBURG FL 34748

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0604678

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

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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Print Name and Title of Signer in Full on Back of Page)

(Print Title, Name, Age of Signer, and Address on Back)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PO	☐ DELETE
12.2 STREET ADDRESS	PARSONS, DONALD G	
12.3 CITY, ST, ZIP	2293 LAKE POINTE CIRCLE	
12.4 TITLE	LEESBURG FL 34748	
12.5 NAME	ST	☐ DELETE
12.6 STREET ADDRESS	PARSONS, SUE E	
12.7 CITY, ST, ZIP	2293 LAKE POINTE CIRCLE	
12.8 TITLE	LEESBURG FL 34748	
12.9 NAME		☐ DELETE
12.10 STREET ADDRESS		
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12.96 TITLE		☐ DELETE
12.97 NAME		
12.98 STREET ADDRESS		
12.99 CITY, ST, ZIP		
12.100 TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
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13.93 TITLE	☐ Change ☐ Addition
13.94 NAME	
13.95 STREET ADDRESS	
13.96 CITY, ST, ZIP	
13.97 TITLE	☐ Change ☐ Addition
13.98 NAME	
13.99 STREET ADDRESS	
13.100 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included in this 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 employed 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 as an attachment with an address.

SIGNATURE:

Donald G. Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.-31-97 407-897-1966

CR2E034 (9/96)