

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000073679 (9)

1. Corporation Name  
REGIONAL MEDICAL TECHNOLOGIES, INC.



Principal Place of Business

5514 N DAVIS HWY  
STE A-113  
PENSACOLA FL 32503  
US

Mailing Address

5514 N DAVIS HWY  
STE A-113  
PENSACOLA FL 32503  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number

59-3338993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 5514 N DAVIS HWY

Suite, Apt. #, etc.

22 SUITE B-109

City & State

23 PENSACOLA

Zip

24 FL

Country

25 US

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

29 FL

Country

30 US

9. Name and Address of Current Registered Agent

PETERSON, CORY E  
5514 N. DAVIS HWY  
SUITE A-113  
PENSACOLA FL 32503

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BROWN, THOMAS  
STREET ADDRESS 5500 N. DAVIS HWY STE 4A  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE DVP  
NAME ALEXANDER COVER  
STREET ADDRESS 2104 COPLEY DR  
CITY-ST-ZIP PENSACOLA FL 32503

☐ DELETE

TITLE DVP  
NAME MICHAEL EMMERT  
STREET ADDRESS 3378 JOANNA DR  
CITY-ST-ZIP PACE FL 32571

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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:

*[Signature]*

CF2E034 (10/97)