


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90153 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000094741					
1. Corporation Name INTERNATIONAL MEDICAL INSTRUMENTATION, INC.					
Principal Place of Business 1639 FORUM PLACE SUITE 4 WEST PALM BEACH FL 33401 US			Mailing Address 1639 FORUM PLACE SUITE 4 WEST PALM BEACH FL 33401 US		
2. Principal Place of Business 21 521 LAKE AVE. Suite, Apt. #, etc. 22 SUITE 4 City & State 23 LAKE WORTH, FLORIDA Zip 24 33460 Country 25 USA		2a. Mailing Address 26 521 LAKE AVE. Suite, Apt. #, etc. 27 SUITE 4 City & State 28 LAKE WORTH, FLORIDA Zip 29 33460 Country 30 USA		3. Date Incorporated or Qualified 12/14/1995	
				4. FEI Number 65-0650827	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trus. Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GEORGE D. PSINOS PA 1655 PALM BEACH LAKES BLVD. STE 106 THE FORUM WEST PALM BEACH FL 33401			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME GILDE, ROGER L STREET ADDRESS 1639 FORUM PLACE STE 4 CITY-ST-ZIP WEST PALM BEACH FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 521 LAKE AVE., SUITE 4 1.4 CITY-ST-ZIP LAKE WORTH, FLORIDA 33460		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2F034 (11/98)