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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000094741 1. Corporation Name

INTERNATIONAL MEDICAL INSTRUMENTATION, INC.

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

04-26-1999 90153 036 ***150.00



Principal Place	of Business	Mailing Address					
1639 FORUM PL	ACE	1639 FORUM PLACE					
SUITE 4		SUITE 4		DO NOT WIDITE IN ALIES COACE			
WEST PALM BE	ACH FL 33401	WEST PALM BEACH FL 3340	1	DO NOT WRITE IN 1 HIS SPACE			
US		US		3. Date Incorporated or Qualifed			
		La Mallia Add		12/14/1995 4. FEI Number Applied For			
─ ~ ~ ~ ~ ~ ~ ~ / ·	ace of Business	2a. Mailing Address	e Ave	1 "			
21 0 04/	ZARE MIL.	26 3 21 277		65-0650827 Not Applicable			
Suite, Apt.	OUTE 4	Suite, Apt. # etc.	, 4	5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	2 11) ONTH FLORID	4 Ake Wor	TH, FLORID	6. Election Campaign Financing S5.00 May Be Trus: Fund Contribution Added to Fees			
Zip	Country	7934/1	Country	8. This corporation owes the current year Intangible			
24 334		29 37460 3	0 0 34	Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent			
GEO	RGE D. PSOINOS PA		81 Name				
	PALM BEACH LAKES BLVD. ST	E 106	82 Street A	ddress (P.O. Eox Number is Not Acceptable)			
	FORUM	E 100					
1	FOROM FPALM BEACH FL 33401		83				
WEST	PALM DEACH FL 33401		84 City	85 Zip Code			
				FL 13 25 3333			
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered			
agent. I an	n familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes.	ation's quality of directors. Thereby accept the appointment as a systematic			
SIGNAT JRE Signature, typed or printer, name of registered at and title if applicable, (f. OTE: Registered Agent signature equired when reinstating) DA E							
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE	☐ Addition			
NAME	GILDE, ROGER L		1.2 NAME	- 1 11 to 10 to 5 1 - 1			
STREET ADDRESS	1639 FORUM PLACE STE 4		1.3 STREET ADDRESS	52/ LAKE AVE, JUITE4			
CITY-ST-ZII	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	521 LAKE AVE., SUITE 4 LAKE WORTH, FORIDA 33460			
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME			2.2 NAME				
STREET AD (RESS)			2.3 STREET ADDRESS				
CITY-ST-ZI			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET AD DRESS			3 3 STREET ADDRESS				
CITY-ST-ZI?			34 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME			4. 2 NAME				
STREET AD ORESS			4.3 STREET ADDRESS				
CITY-ST-ZI?			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE:	5.1 TITLE	☐ Change· ☐ Addition			
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETI:	6.1 TITLE	Change Addition			
1			6.2 NAME				
NAME OTREET AS DOCCO			6.3 STREET ADDRESS				
STREET ACORESS			•				
CITY-ST-Z-2			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 115.07(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 received or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name at pears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: