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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1998 8:00am

Secretary of State

596-9652

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000095841	(9)
1. Corporation Name		\ -

WSU MEDICAL TECHNOLOGIES, INC.

	ILDIONE TEOMINOCOGICO				
Principal Plac	e of Business	Mailing Address		r ransindr rit in in until filit marri ditri karis	MINT BILDI 18111 RINDI 1181 INDI
	NGHAM ROAD	13201 WALSINGHAM RO	AD	ĺ	
LARGO FL 34	1644	LARGO FL 34644		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				12/19/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3363629	Not Applicable
Suite, Apt	₩. etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	Y	Trust Fund Contribution	Added to Fees
Zip 24 337	104 Country	29 33774	Country	8. This corporation owes or has paid the o	
24 271	9, Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		ir vadistaten Wägtir	81 Name	10. Name and Address of New Registere	a Agent
	YMOND, J P ESQ. O CLEVELAND STREET				
	U CLEVELAND STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	EARWATER FL 34615		83		
OL	EARWAIER FL 34015				
			84 City	F	L 85 Zip Code 33755
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a amons of, Section 607.0505, Fa	es, the above-named corp authorized by the corporati orida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	Signature, typed or ponteo name of registered ap-	The state of the s	E Ringistored Agent signature require		
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VAZQUEZ, PAUL M	☐ DETE OF	1.1 TITLE		Change Addition
NAME STREET ADDRESS	13201 WALSINGHAM ROAD		1.2 NAME		
CITY-ST-ZIP	LARGO FL 34644		1.3 STREET ADDRESS 1.4 City-St-Zip	337	inu
TITLE	VPSD	DELETE	2.1 TITLE	501	Change Addition
NAME	PARRY, CHRISTOPHER F		2.2 NAME		4.3 · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	13201 WALSINGHAM ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		2. 4 CITY-ST-ZIP	33'	174
TITLE	T D	DELETE	3.1 THLE		Change Addition
NAME	LOMBARD, JEFFREY		3.2 NAME		
STREET ADDRESS	13201 WALSINGHAM ROAD		3.3 STREET ADDRESS	- -	-M1/
CITY-ST-ZIP	LARGO FL 34644	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP		774
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		;
CITY-ST-ZIP		DETETE	4.4 CiTY-ST-ZIP		Change Addition
TITLE		LJ DITTE	5.1 TITLE		T CHRUNG T PROGRESS
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

6.3 STREET ADDRESS

6.4 City-st-zip

14. Thereby 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 It 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 an antitatechment with an address.