

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096057 (1)

1. Corporation Name

WORLD TRIUMPH MEDICAL OF THE WEST COAST, INC.



Principal Place of Business

4301 32ND STREET WEST
SUITE A-16
BRADENTON FL 34205

Mailing Address

4301 32ND STREET WEST
SUITE A-16
BRADENTON FL 34205

2. Principal Place of Business

21 3618 EVANS Street

Suite, Apt. #, etc.

22 City & State

23 Fort Myers, FL

Zip

24 33901

Country

25 Lee

2a. Mailing Address:

26 4301 32nd Street West

Suite, Apt. #, etc.

27 C-6

City & State

28 Bradenton, FL

Zip

29 34205

Country

30 Manatee

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

4. FEI Number

65-0629915

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

9. Name and Address of Current Registered Agent

CABLISH, HOMER G JR.
4301 32ND STREET WEST
BRADENTON FL 34205

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 D ☐ DELETE
NAME WILLIAMS, TODD J
STREET ADDRESS 5011 21ST AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ DELETE
NAME WILLIAMS, TROY V
STREET ADDRESS 1008 44TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ DELETE
NAME FAMADAS, NELSON
STREET ADDRESS 9805 NW 52ND STREET, APT. 404
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ DELETE
NAME SCHUETZ, MARK C
STREET ADDRESS 305 131ST STREET EAST
CITY-ST-ZIP BRADENTON FL 34202

TITLE D ☐ DELETE
NAME DEARMAS, ROGER
STREET ADDRESS 10378 NW 46TH TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Todd Williams Pres.* Todd Williams 2/7/96 (941) 758-6744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)