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FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018609 (3)

1. Corporation Name:

BLUE WATER MEDICAL, INC.



Principal Place of Business:

11630 N BAYSHORE DR #9
NORTH MIAMI FL 33181

Mailing Address:

11630 N BAYSHORE DR #9
NORTH MIAMI FL 33181-3221

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

4. FEI Number

65-0689893

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

REEDER, JOHN D
11630 N BAYSHORE DR #9
NORTH MIAMI FL 33181

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 of the person named as registered agent and fee is applicable

(Initials) Registered Agent signature required when remaining

DATE

12. OFFICERS AND DIRECTORS

1 NAME
D
REEDER, JOHN D
2 STREET ADDRESS
11630 N BAYSHORE DR #9
3 CITY-STATE-ZIP
NORTH MIAMI FL 33181

☐ DELETE

4 NAME

5 STREET ADDRESS

6 CITY-STATE-ZIP

7 NAME

8 STREET ADDRESS

9 CITY-STATE-ZIP

10 NAME

11 STREET ADDRESS

12 CITY-STATE-ZIP

13 NAME

14 STREET ADDRESS

15 CITY-STATE-ZIP

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do 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 included 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

John D. Reeder

John D. Reeder

3/20/97

305 891 7845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0246127

CR2E034 (9/96)