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

**PROFIT** CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000019377

REDITAC MEDICAL U.S.A., INC.

Principal Place of Business		
4480 SUNSET CAY CIRCLE	•	

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90024 009 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
4480 SUNSET ( BOYNTON BEA	CAY CIRCLE CH FL 33436-7728	4480 SUNSET CAY CIRCLE BOYNTON BEACH FL 33436	5-7 <b>728</b>		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 02/29/1996		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
4		26			65-0648679		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
2		27				Fee Re	<del>`</del> -
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	U FB68
Zip	Country	Zip	—ı	untry	8. This corporation owes the current year I	ntangible Yes	□No
24	25		30	<del></del> _	Personal Property Tax.  10. Name and Address of New Registere		
·	9. Name and Address of Current	Registered Agent		81 Name	10. Hadio dila Addida o Hagistate		
DAM	INER, VICTOR G			1			
449	O SUNSET CAY CIRCLE			82 Street Add	fress (P.O. Box Number is Not Acceptable)	e en en e	218 - 180 BW
	NTON BEACH FL 33436-7728			83		៖ ប្រជាជ្រឹក្សាជ	W. P. III
50,						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	State Control
	•			84 City	F	85 Zip	Dode
44 Burguant	to the provisions of Sections 607 0500	2 and 607.1508. Florida Statute	es, the a	above-named cor	poration submits this statement for the purpose	of changing its	registered
	registered agent, or both, in the State of amiliar with, and accept the obligat				ion's board of directors. I hereby accept the app	ointment as re	gistereo
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0005, 1 for	ilda Otat	igico.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	d Agent signature requi	red when reinstating) DATE		
12.		D DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE .	P	☐ DELETE	1.1 TI	TILE	San San San San	Change	☐ Addition
NAME	RYHINER, VICTOR G		1.2 N	IAME			
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		728 DELETE		CITY-ST-ZIP	·	☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 comporation 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 challed, or on an attachment with an address, with all other like empowered.

SIGNATURE: