

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90227 027 \*\*\*150.00

DOCUMENT # P96000021391

1. Entity Name

DATA MED, INC.



Principal Place of Business

221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303

Mailing Address

221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303



2. Principal Place of Business

1815 MICCOSUKEE COMMONS

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

STE 100

Suite, Apt. #, etc.

(SAME)

City & State

TALLAHASSEE, FL

City & State

(SAME)

Zip

32308

Country

LEON

Zip

(SAME)

Country

4. FEI Number

1st MOORE

CR2E034 (10/04)

90-0216447

59-3373752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPTON, BESS  
221 DELTA COURT, STE. 3  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

BESS KLING

Street Address (P.O. Box Number is Not Acceptable)

1815 MICCOSUKEE COMMONS STE 100

City

TALLAHASSEE

FL

Zip Code

32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bess Kling*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME LIPTON, BESS  
STREET ADDRESS 221 DELTA COURT, STE. 3  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE S ☒ Delete  
NAME LIPTON, RON  
STREET ADDRESS 7021 SPENCER DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BE PRESIDENT/SEC ☒ Change ☐ Addition  
NAME KLING BESS  
STREET ADDRESS 1815 MICCOSUKEE COMMONS STE 100  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bess Kling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05  
850-422-2800