

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000032058 (5)

1. Corporation Name

IMAGINATION MEDICAL, INC.

Principal Place of Business

4 SAWGRASS VILLAGE
SUITE 205D
PONTE VEDRA BEACH FL 32802

Mailing Address

4 SAWGRASS VILLAGE
SUITE 205D
PONTE VEDRA BEACH FL 32802

FILED
Jul 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1996

4. FEI Number

59-3375951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 IMAGINATION MEDICAL, INC.

Suite, Apt. #, etc.

22 12855 PHILIPS HIGHWAY

City & State

23 JACKSONVILLE, FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 IMAGINATION MEDICAL, INC.

Suite, Apt. #, etc.

27 12855 PHILIPS HIGHWAY

City & State

28 JACKSONVILLE, FL

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

MAXWELL, RONALD W
4811 ATLANTIC BLVD.
SUITE 4
JACKSONVILLE FL 32207-2129

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 BURDETTE, GARY R
STREET ADDRESS 24316 MOSS CREEK LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE

NAME YELVINGTON, RICHARD D
STREET ADDRESS 7913 PLUMMER RD.
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE D ☐ DELETE

NAME CALVIN, ROBERT P
STREET ADDRESS 5431 OTTERS RUN LANE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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:

Robert P. Calvin

Robert P. Calvin

7/6/98

(904) 218-5531

CR2E034 (5/98)