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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042351 (2)

ICU SURVEILLANCE SYSTEMS, INC. Principal Place of Business Mailing Address 2123 JOHN ARTHUR WAY 2123 JOHN ARTHUR WAY LAKELAND FL 33803-3574 LAKELAND FL 33803 3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For 386261 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEAVER, CHARLES WILLIAM 2123 JOHN ARTHUR WAY 82 Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33803** 83 84 City 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 diapplicable. (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, 12. 13. Corporate Executive OFFICIENCE VAddition TITLE DELETE 1.1 TITLE CAROLYN D. BEAVER NAME 1.2 NAME 2123 JOHN ANTHUT WAY STREET ADDRESS 13 STREET ADDRESS LAKELAND, FI 33803 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 21 TOLE CHARLES W. BEAVER NAME 2.2 NAME 2123 John Arthur Way 2.3 STREET ADDRESS STREET ADDRESS LAKELAND, FI CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4111116 ☐ Addition NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change Addition 51 MUE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 indicated on this 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 Connged, or on an attachment with an address.

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