Δ	CORPORATION NNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		NT OF STATE Arris tate	FILED Feb 18, 1999 8:00am Secretary of State		
DO(1. Corpo WIL[CUMENT # PS oration Name D CARD, INC.	60000522	44			02-18-1999 90114 01	16 ****150.00	
4400 PETE	Place of Business ERS RD DN FL 33317	4400 PET	Mailing Address 4400 PETERS RD PLANTATION FL 33317 US			DO NOT WRITE IN THIS SPACE		
2. Princip	al Place of Business					 Date incorporated or Qualifed 	THIS SPACE	:
		2a. Mailin 26	g Address			4. FEI Number		
Suite, A	Apt. #, etc.		Apt. #, etc.			65-0685959		Applied For
City & S	State	27				5. Certifcate of Status Desired	\$8.7	Not Applicab 5 Additional
Zip	Country	City & 28	State			6. Election Campaign Financing	Fee	Required
	25	Zip		Coun	try	Trust Fund Contribution S. This corporation owes the current yes Personal Property T		ed to Fees
	9. Name and Address	of Current Registered Ag	gent	30		Personal Property Tax. 10. Name and Address of New Register		No
DA	0 ARGONAUT ISLE NIA FL 33004			8		ss (P.O. Box Number is Not Acceptable)		
Pursuant office or	t to the provisions of Sections registered agent, or both, in th	607.0502 and 607.1508, 1	-lorida Statu	8	4 City		- 1 85 Zip	Code
Pursuan: office or agent. I a NATURE	t to the provisions of Sections registered agent, or both, in th am familiar with, and accept th	607.0502 and 607.1508, j e State of Florida. Such c e obligations of, Section 6	Florida Statu hange was a 07.0505, Flo	8	4 City	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing if	Code s registered egistered
Pursuant office or agent. I a NATURE	Signature, typed or printed name of regis	stered agent and title if annlicable	1	ites, the above authorized by borida Statutes	4 City /e-named corporation' / the corporation' 5.		of changing it pointment as r	o Code is registered egistered
Pursuan office or agent. I & NATURE	Signature, typed or printed name of regis OFFIC	stered agent and title if applicable. ERS AND DIRECTORS	1	8. authorized by brida Statute: Registered Age 13.	4 City	en reinstating)		ogistered
Pursuant office or agent. I a NATURE	Signature, typed or printed name of regis	stered agent and title if applicable. ERS AND DIRECTORS	(NOTE	8. authorized by brida Statute: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET	4 City re-named corpora- the corporation' s. nt signature required with ADDRESS	hen reinstation)		ogistered
ADDRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable. ERS AND DIRECTORS	(NOTE	8. authorized by orida Statute: 3. 13. 1.1 TITLE 1.2 NAME	4 City re-named corpora- the corporation' s. nt signature required with ADDRESS	en reinstating)	AND DIRECTO	DRS IN 12
ADDRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable. ERS AND DIRECTORS	(NOTE	8. authorized by borida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET,	City Ce-named corporation the corporation s. Aboress ZIP	en reinstating)	AND DIRECTO	DRS IN 12
ADDRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE	8. autorized by brida Statute: E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	City Ce-named corporation the corporation s. Aboress ZIP	en reinstating)	AND DIRECT(DRS IN 12
ADDRESS - ZIP ADDRESS - ZIP DDRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE	8. authorized by brida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME	City Ce-named corporation the corporation s. the signature required w ADORESS ZIP DORESS ZIP	en reinstating)	AND DIRECT(DRS IN 12
ADDRESS - ZIP ADDRESS - ZIP DDRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable ERS AND DIRECTORS	(NOTE DELETE DELETE DELETE	8. authorized by brida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.3 STREET, 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A	City Ce-named corporation the corporation second	en reinstating)	AND DIRECT(DRS IN 12
ADDRESS - ZIP ADDRESS - ZIP DDRESS ZIP	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable ERS AND DIRECTORS	(NOTE	8. Ites, the abox authorized by orida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 3.3 STREET A 3.3 STREET A 3.4 CITY-ST 4.1 TITLE	City Ce-named corporation the corporation second	en reinstating)	AND DIRECTO	DRS IN 12 Addition
ADDRESS - ZIP ADDRESS ZIP DDRESS ZIP	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable ERS AND DIRECTORS	(NOTE DELETE DELETE DELETE	8. Ites, the abox authorized by orida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 3.3 STREET A 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME	City Cenamed corporation the corporation second and a corporation second and a corporation Aboress -zip Doress zip	en reinstating)	AND DIRECT(DRS IN 12
ADDRESS - ZIP ADDRESS ZIP DDRESS ZIP	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE DELETE DELETE DELETE	8. Ites, the abox authorized by orida Statute: 7. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST-ZI	City Cenamed corporation the corporation second and a	en reinstating)	AND DIRECTO	DRS IN 12 Addition
ADDRESS - ZIP ADDRESS ZIP DDRESS ZIP P DDRESS P	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE DELETE DELETE DELETE	8. Ites, the abox authorized by orida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	City Cenamed corporation the corporation second and a	en reinstating)	AND DIRECTO	DRS IN 12 Addition Addition Addition Addition
ADDRESS -ZIP ADDRESS ZIP DDRESS IP DRESS P ARESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE DELETE DELETE DELETE	8. Ites, the abox authorized by orida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 3.4 CITY-ST- 2.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AD	City Cenamed corporation the corporation ant signature required with ADORESS -ZIP DORESS ZIP DORESS P DRESS P DRESS	en reinstating)	AND DIRECTO	DRS IN 12 Addition
ADDRESS - ZIP ADDRESS ZIP DDRESS ZIP DDRESS P DDRESS P	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable.	(NOTE DELETE DELETE DELETE ELETE	8. Ites, the abox authorized by orida Statute: 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME	City Cenamed corporation the corporation ant signature required with ADORESS -ZIP DORESS ZIP DORESS P DRESS P DRESS	en reinstating)	AND DIRECTO	DRS IN 12 Addition Addition Addition Addition
ADDRESS - ZIP ADDRESS - ZIP DDRESS ZIP DDRESS P DRESS - DRESS - DRESS	Signature, typed or printed name of regu OFFICE GILDON, MICHAEL 850 ARGONAUT ISI F	stered agent and title if applicable. ERS AND DIRECTORS	(NOTE DELETE DELETE DELETE ELETE	8. authorized by brida Statute: E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET A 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-ZIF	City Cenamed corporation the corporation ant signature required with ADORESS -ZIP DORESS ZIP DORESS P DRESS P DRESS	nen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12 Addition Addition Addition Addition
ADDRESS -ZIP ADDRESS ZIP DDRESS ZIP DDRESS P DRESS A RESS	Signature, typed or printed name of regu OFFICE P GILDON, MICHAEL 850 ARGONAUT ISLE DANIA FL	stered agent and title if applicable ERS AND DIRECTORS	(NOTE DELETE DELETE DELETE ELETE ELETE	8. Ites, the abon authorized by orida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 3.4 CITY-ST-ZI 5.1 TITLE 4.2 NAME 4.3 STREET AD 5.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET AD	City Cenamed corporation the corporation ADDRESS ZIP DDRESS ZIP DDRESS ZIP DRESS P DRESS P DRESS P DRESS P	ien reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	CRS IN 12 CRS IN 12 CRS IN 12 CRS Addition
ADDRESS - ZIP ADDRESS - ZIP DDRESS ZIP DDRESS IP DRESS - RESS - BDy Certific	Signature, typed or printed name of regu OFFICE P GILDON, MICHAEL 850 ARGONAUT ISLE DANIA FL	stered agent and title if applicable ERS AND DIRECTORS	(NOTE DELETE DELETE DELETE ELETE ELETE	8. Ites, the abon authorized by orida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 3.4 CITY-ST- 3.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST- 5.1 TITLE 5.3 STREET AD 5.4 CITY-ST- 5.1 STREET AD 5.4 CITY-ST- 5.	City Cenamed corporation the corporation ADORESS ZIP DORESS ZIP DORESS P DRESS P RESS	nen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change Change Change	CRS IN 12 C Addition

: