

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 26 1998 8:00am
Secretary of State

DOCUMENT # P96000069585 (3)

1. Corporation Name

FIRST RESPONSE MEDICAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

6699 NORTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON FL 33487

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SUITE 100
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number

65-0687444

Applied For

Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

☒

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

☐

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLODIG, GREGORY J
100 WEST CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE FL 33309

81 Name
John Cotton
82 Street Address (P.O. Box Number is Not Acceptable)
6699 N. Federal Hwy
83 Suite 100
84 City
Boca Raton FL 85 Zip Code
33487

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME COTTON, JOHN
STREET ADDRESS 5467 FOX HOLLOW DR,
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOLDSMITH, HOWARD
STREET ADDRESS 6019 LELAC RD.
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ZINK, KENNETH
STREET ADDRESS 7800 CLOVERLEAF CL.
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME KENNETH MORENCY
STREET ADDRESS 7320 DOVER CT.
CITY-ST-ZIP PARKLAND FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report 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.

CR2E034 (10/97)