

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. McGratham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092742 (1)

1. Corporation Name

S & B MEDICAL, INC.

Principal Place of Business

3839 NORTH MONROE STREET  
SUITE 10  
TALLAHASSEE FL 32303

Mailing Address

1282 TIMBERLANE RD  
SUITE E  
TALLAHASSEE FL 32312  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

59-3409853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution

☐

\$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 3839 North Monroe Street  
Suite, Apt. #, etc.

22 Suite 4

City & State

23 Tallahassee FL

Zip

24 32303

Country

25 USA

2a. Mailing Address

26 3839 North Monroe Street  
Suite, Apt. #, etc.

27 Suite 4

City & State

28 Tallahassee FL

Zip

29 32303

Country

30 USA

9. Name and Address of Current Registered Agent

HEBERT, ROLAND  
1282 TIMBERLANE RD  
SUITE E  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

Hebert, Roland

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

3839 North Monroe Street

83 Suite 4

84 City

Tallahassee

FL

85 Zip Code

32303

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME HEBERT, ROLAND  
STREET ADDRESS 1282 TIMBERLANE RD, SUITE E  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Hebert, Roland  
1.3 STREET ADDRESS 3839 North Monroe Street, Suite 4  
1.4 CITY-ST-ZIP Tallahassee FL 32303

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

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

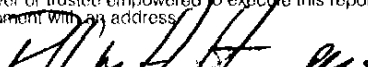
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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:



1/21/97

47-870

CR2E034 (10/97)