

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000096979 (5)

1. Corporation Name

KLIMAS MEDICAL GROUP, INC.

Principal Place of Business

3901 S.W. 47TH ST
SUITE 405
FT LAUDERDALE FL 33314

Mailing Address

ONE HOOK RD.
SHARON HILL PA 19079
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1996

4. FEI Number

65-0708487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. 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

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

CARPENTER, KARON
2901 S.W. 47TH AVE.
#405
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

Raymond A. Mirra, Jr.

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

2932 North Atlantic Blvd.

83

84

City Ft. Lauderdale

FL

85

Zip Code 33308

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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

Raymond A. Mirra, Jr.

4/20/98

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 DP
NAME MIRRA, RAYMOND A JR.
STREET ADDRESS ONE HOOK RD
CITY-ST-ZIP SHARON HILL PA
☐ DELETE

TITLE VP
NAME STEPANUK, KEVIN D
STREET ADDRESS ONE HOOK RD
CITY-ST-ZIP SHARON HILL PA
☒ DELETE

TITLE S
NAME MOHNACS, JOHN P
STREET ADDRESS ONE HOOK RD
CITY-ST-ZIP SHARON HILL PA
☒ DELETE

TITLE T
NAME BATTAGLIA, VICTOR
STREET ADDRESS ONE HOOK RD
CITY-ST-ZIP SHARON HILL PA
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
T Raymond A. Mirra, Jr.
One Hook Rd.
Sharon Hill, PA 19079
☒ Change ☐ Addition

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

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 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

Raymond A. Mirra, Jr. 4/20/98

CR2E034 (10/97)