## 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

DOCUMENT # P96000102410 (3)

HYGIA MEDICA, INC.

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment

CITY-ST-ZIP

**FILED** May 20 1998 8:00am Secretary of State

- I PROGRAM TIR CONT. BANKA BOKKI BOKKI BOKKI KONTO BOKKA KIRKI BIRKI KIRKI BOKK ARAK

Principal Place of Business		Mailing Address			I I POLICOS (10 1811) DIKI DOLLI DOLLI BOTOL ISOLI ODLIC GIDEL GIDEL GIDEL CIOLI L	BRU HARI	
1728 KINGSLEY AVENUE SUITE 103 OFFANGE PARK FL 32073		1728 KINGSLEY AVENUE SUITE 103 ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	· 1	
					12/16/1996		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Appl	lied For	
21	. <u></u>	26			<b>59-2455230</b> Not A	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			L. B. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to		
Zip 24	Country <b>25</b>	Z <sub>I</sub> p	30 Cou	nlry	8. This corporation owes or has paid the current year Intan     Personal Property Tax due June 30.     Yes	-	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	RSON, MICHAEL H			81	Name		
1728 KINGSLEY AVENUE SUITE 103		82		82	Street Address (P.O. Box Number is Not Acceptable)		
ORA	INGE PARK FL 32073			83		·	
			ļ	84	City 85 Zip Co	ode	

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type://or pointed name of registered age: Land title if applicable 12. **ÖLEICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE PEARSON, MICHAEL H NAME 1.2 NAMÉ 9818 FAWN BROOK DR STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITL€ PEARSON, APRIL B NAME 2.2 NAME 9818 FAWN BROOK DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 

64 CITY-ST-ZIP 14. Thereby 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 supplied enter a not 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