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 # P97000003576 (0)

DOUGLASS MEDICAL, INC.

Principal Place of Business

Mailing Address

10700 76TH CT N

10700 76TH CT N

FILED

98 APR 30 PM 2: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

100002515581----05/07/98--01084--016

*****8.75

Change

Change

Change

Change

<u>****150.00</u>

581--2

*****8.75

Change K Addition

LARGO FL 34647			LARGO FL 34647				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 01/10/1997		
2.	Principal Place of Busin	ness	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For	
21			26	26			59-3363362	Not Applicable	
22	Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State		City & S 28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	Zip 29			6. This corporation owes of his paid the current year tritain		-	
g, Name and Address of Current Registered Agent BRONSTEIN, JOEL D 150 2ND AVE N					10. Name and Address of New Registered Agent				
					61				
ST PETERSBURG FL 33701				82					
				83					
					84	City	FL	85 Zip Code	
11	. Pursuant to the provis	ions of Sections 607.0	0502 and 607,1508.	Florida Statutes, the a	bove	a-named corn	oration submits this statement for the nurpose of	f changing its registered	

office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida. 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.

13.

1.1 TITLE

1.2 NAME

2.1 T(1LE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-7IP

3.4. CITY - ST - ZIP

2 4 CITY-ST-ZIP

1.4 CITY - ST - 7(F

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

(NOTE: Registered Agent signature required when reinstating)

D/T

D/P

Farrell, Regis H.

Largo, FL

RICHARD PERRY

10700 76TH (T. No.

LARGO, FL 34647

RICHARD SORRENTO

10.700 76 15 (T. NO. LARGO, FL 34647

10700 76th Court No.

OFFICERS AND DIRECTORS 12. D TITLE NAME

SIGNATURE

BUTTERWORTH, ROBERT A 10700 76TH CT N STREET ADDRESS **LARGO FL 34647**

Signature: Typod or printed name of registericd agent and title if applicable

CITY-ST-ZIP TITLE NAME PERFETTO, DONALD J 10700 76TH CT N STREET ADDRESS LARGO FL 34647

CITY-ST-ZIP TITLE FARRELL, REGIS H NAME 10700 76TH CT N STREET ADDRESS

LARGO FL 34647 CITY-ST-ZIP TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

14. Thereby certify that the information supplied with this filling 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

CIGNATURE

(RILLARD SORRENTO) SECRETARY

1 PRIL 28 1008 1913/544-5835

Addition

Addition

Addition

Addition

☐ Addition