

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 11 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 # P97000022495 (0)

1. Corporation Name
VISIONARY MEDICAL SYSTEMS, INC.



Principal Place of Business

141 BAY POINT DRIVE NE
ST PETERSBURG FL 33704

Mailing Address

141 BAY POINT DRIVE NE
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

593424081

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

21 2032 Massachusetts

Suite, Apt. #, etc.
22 AVE. N.E.

City & State
23 St. Petersburg, FL

Zip Country
24 33703 25 USA

2a. Mailing Address

26 2032 Massachusetts

Suite, Apt. #, etc.
27 Ave. N.E.

City & State
28 St. Petersburg, FL

Zip Country
29 33703 30 USA

9. Name and Address of Current Registered Agent

JENNER, GEORDIE W
141 BAY POINT DRIVE NE
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name Georgie W. Jenner

82 Street Address (P.O. Box Number is Not Acceptable)
2032 Massachusetts Ave. N.E.

83

84 City St. Petersburg FL 85 Zip Code 33703

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JENNER, GEORDIE W
STREET ADDRESS 141 BAY POINT DRIVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ DELETE

TITLE D
NAME JENNER, CHERYL A
STREET ADDRESS 141 BAY POINT DRIVE NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 M
1.2 NAME Georgie W. Jenner ☒ Change ☐ Addition
1.3 STREET ADDRESS 2032 Massachusetts Ave. N.E.
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE D
2.2 NAME Cheryl A. Jenner ☒ Change ☐ Addition
2.3 STREET ADDRESS 2032 Massachusetts Ave. N.E.
2.4 CITY-ST-ZIP St. Petersburg, FL 33703

3.1 TITLE M
3.2 NAME Tracy J. Buettner ☐ Change ☒ Addition
3.3 STREET ADDRESS 4101 FARGO St. N., Apt. 3
3.4 CITY-ST-ZIP St. Petersburg, FL 33714

4.1 TITLE M
4.2 NAME Bonnie B. Saxman ☐ Change ☒ Addition
4.3 STREET ADDRESS 1977 ILLINOIS Ave NE
4.4 CITY-ST-ZIP St. Petersburg, FL 33703

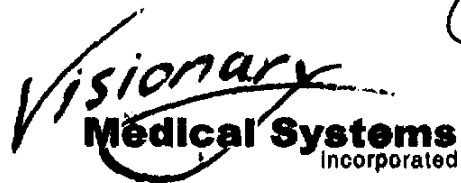
5.1 TITLE D
5.2 NAME Kevin Saxman ☐ Change ☒ Addition
5.3 STREET ADDRESS 1977 ILLINOIS Ave N.E.
5.4 CITY-ST-ZIP St. Petersburg, FL 33703

6.1 TITLE
6.2 NAME 800002615418 ☐ Change ☐ Addition
6.3 STREET ADDRESS -08/13/98--01091--019
6.4 CITY-ST-ZIP ***150.00

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

CR2E034 (5/98)



July 30, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

I am writing to you to request a reduction of our fee from \$550.00 back to \$150.00. We just received the request in today's mail. Apparently it had been sent to three other previous addresses before making it to our current location.

Sincerely,


Tracy Buettner
Operations Manager