

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90067 005 ***158.75

DOCUMENT # P97000051366

1. Corporation Name

Apple Medical, Inc.

Principal Place of Business

Mailing Address

10 Fairway Drive
Suite 113
Deerfield Beach, FL 33431

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

10 Fairway Drive
Suite, Apt. #, etc.
113

26 Same
Suite, Apt. #, etc.

City & State
Deerfield Beach, FL
Zip
33441 Country

27 City & State
28 Same
Zip

Country

30

3. Date Incorporated or Qualified

6/11/97

4. FEI Number

65-0759896

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joshua Gerstin, Esq.
1515 N. Federal Highway, Ste 300
Boca Raton, FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

1.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: *Seth Gerstin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)