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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057450

1. Corporation Name

May 04, 1999 8:00 am Secretary of State 05-04-1999 90161 042 ***150.00

	TE MEDICAL, INC.				****					
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Principal Plac	e of Business	Mailing Address								
3529 N PINE IS SUNRISE FL 33		3529 N PINE ISLAND RD SUNRISE FL 33351				DO NOT WR	NTE IN THI	C CDACE		
	•				0 Dota la	corporated or Qualifec		STACE		
	•				3. Date in	•	J			
2. Principal Place of Business		2a. Mailing Address			4. FEI Nui	mber .		Ap	plied For	
21		26			65-07	<u>66670</u>		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			E Certifes	te of Status Desired		\$8.75 <i>A</i>		
22		27						Fee Re	quired	_
City & State		City & State			6. Election	Campaign Financing		\$5.00	-	
23		28			Trust F	und Contribution		Added t	o Fees	
Zip	Country	. Zip	Cou	ntry		rporation owes the cu	rrent year Ir		·	
24	25	29	30		<u>i</u>	al Property Tax.	n - 1 - 1	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		24	10. Name a	and Address of New	Registered	Agent		
noc	NED DIRECTI		:	81 Name	1XX 5	TRICKMU	8	-		
	NER, RUSSELL			82 Street Ad	Idress (P.O. Box	Number is Not Accep	table)	1. 16.11	1 Men	
	N PINE ISLAND RD				35%		NC -	3/UMO	(per)	
SUN	RISE FL 33351			83		•				
				84 City 5	NVISO		FI	85 Zip (22 C	
	to the provisions of Sections 607.050	00 and 607 1500 Florido Ct	atutos the el	have named so	moration submit	thic statement for the		t changing its	registered	
11. Pursuant	enistered agent or both in the State.	of Florida. Such change wa	awies, me a as authorized	bove-named co	ation's board of d	irectors. I hereby acce	ept the appt	pintment as re	gistered	
office of r										
agent. I a	m amiliar with, and accept the obliga	tions of Section 607.0505,	Florida Statu	ites.	Disc	T 11	102/	66		
agent. I a	m amiliar with, and accept the obliga	tions of Section 607.0505,	STRICK	man	PUS	T 4/	23/	99		
agent. I a	marrillar with, and accept the obligation of registered age	nt and title if applicable.	Florida Statu 5721(k NOTE: Registered	man	ured when reinstating)	T 4/	23/9	9		6
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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 angular expert 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 control of the co

SIGNATURE