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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091837 (9)

FLORIDA MEDICAL INTERNATIONAL INC.

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



1750 UNIVERSITY DR. #118 CORAL SPRINGS FL 33071		1750 UNIVERSITY DR. #118 CORAL SPRINGS FL 33071		DO NOT INDITE ALTIMO	ODAOS	
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
				10/24/1997		
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
	S.W.30 Ave		30 Ave	650-792582	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22 Bay 10 27 Bay 10 City & State City & State)		Fee Required	
23 FT. LC	juderdale, FL.	28 FT. Lauder		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3306			Country 30 U.S.A.		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY B1 Name						
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
I,	ALLAHASSEE FL 32301-2525		83			
			00			
			84 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes	the above-named co		of changing its registered	
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 I Tene C. SWANSON Stene C. Swa 1-20-98						
SIGNATURE	Signature, typed or printed name of registered agen	t and tillout applicable (NOTE:	Registered Agent signature re		<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DEL€TE	1.1 TOTLE		☐ Change ☐ Addition	
NAME	SWANSON, IRENE C		1.2 NAME		ľ	
STREET ADDRESS	1750 UNIVERSITY DR. #118		13 STREET ADDRESS			
CtTY-ST-ZIP	CORAL SPRINGS FL 33071	T brusse	1.4 City-St-7IP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
NAME		_ otter	3.2 NAME		LI Sharige Li Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		-	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		1	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 THILE		Change Addition	
NAME			. 5.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	portion that the information supplied with	this files does not suctify for	6.4 CITY-ST-ZIP	Section 110.07/0VA Florida Statutas 14 al		

Interest 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.