

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

FILED

Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102064 (7)**

1. Corporation Name

**STERLING MEDICAL DISPOSAL, INC.**



Principal Place of Business

Mailing Address

**7241 N.W. 7TH STREET  
PLANTATION FL 33317**

**7241 N.W. 7TH STREET  
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/03/1997**

2. Principal Place of Business

**21 3700 A Hacienda Blvd.**

2a. Mailing Address

**26 same**

4. FEI Number

**65-0798625**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

**23 Ft. LAUDERDALE**

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

**24 33314**

**25 BROWARD**

Zip

Country

**29**

**30**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

**Charles Cerutti**

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

**7241 N.W. 7th St.**

83

84 City

**Plantation**

**FL**

85

Zip Code

**33317**

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)

**2/5/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME CERUTTI, CHARLES  
STREET ADDRESS 7241 N.W. 7TH STREET  
CITY-ST-ZIP PLANTATION FL 33317**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**12 NAME Sect. + TRES.  
Kathleen TRAVERS  
13 STREET ADDRESS 2465 NW 33rd St. #1509  
14 CITY-ST-ZIP Ft. LAUD. FL 33309**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

2.1 TITLE ☐ Change ☒ Addition

**2.2 NAME President  
2.3 STREET ADDRESS Barbara Cerutti  
7241 NW 7th St.  
2.4 CITY-ST-ZIP Plantation, FL 33317**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

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 **2/5/98**

CR2E034 (10/97)