

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90013 019 \*\*\*150.00

DOCUMENT # **P97000104176** ✓

1. Corporation Name

**AMERIMED INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

321 CLASSIC DRIVE  
LONGWOOD FL 32779

1321 CLASSIC DRIVE  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1997**

4. FEI Number

**59-3494412**

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip

Country

28 Zip

Country

4 25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRAZEN, DENNIS M**  
**1321 CLASSIC DRIVE**  
**LONGWOOD FL 32779**

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 **D** ☐ DELETE

NAME **DRAZEN, DENNIS M**  
STREET ADDRESS **1321 CLASSIC DRIVE**  
CITY-ST-ZIP **LONGWOOD FL 32779**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE

NAME **DRAZEN, VALERIE H**  
STREET ADDRESS **132A CLASSIC DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

*Valerie H. Drazen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/99**

**407-274-7879**

CR2E034 (5/99)

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582633-90013-19

July 1, 1999

AMERIMED INTERNATIONAL, INC.  
FEI 59-3494412  
PO BOX 161762  
ALT. SPGS, FL 32716-1762

FL DEPT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

I recently received at 112 Holderness Dr., Longwood, FL., 32779, a profit corporation annual report packet for Amerimed only. This report indicated 2nd notice with a filing fee of \$550.00. I then realized that I had not filed for this and either of my other two coporations because I had never received the first notice for them. This was probably due to the fact that we had moved to Holderness Dr., which is only a temporary address until construction of our permanent one is complete next month, and some of our mail was not forwarded properly. Therefore I ask that you excuse the tardiness of the fee and accept the original \$150.00 I am enclosing. I apologize and appreciate your attention on this matter. Any questions please call 407-774-7879 any weekday from 2 to 6 pm.

Yours truly,



Valerie Dräzen  
Secretary/Treasurer