

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 90214 005 ***158.75

DOCUMENT # P98000077325

1. Corporation Name
HT MEDICAL, INC.

Principal Place of Business
305 N.E. 1ST ST.
GAINESVILLE FL 32601

Mailing Address
305 N.E. 1ST ST.
GAINESVILLE FL 32601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

59-3531703

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

2. Principal Place of Business

21 4641 N.W. 6th Street Suite C

22 Gainesville, FL

23 32609, USA

24 Zip 25 Country

2a. Mailing Address

26 4641 N.W. 6th Street

27 Suite C

28 Gainesville, FL

29 Zip 32609 30 Country USA

9. Name and Address of Current Registered Agent

EDINGER, GARY S
305 N.E. 1ST ST.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

GARY COSBY

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

10208 S.W. 13th Place

83

84 City

Gainesville

FL

85 Zip Code 32607

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

Gary A. Cosby

GARY A. COSBY President

4-6-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COSBY, GARY A
STREET ADDRESS 10208 S.W. 13TH PL.
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Cosby, Gary A
1.3 STREET ADDRESS 10208 S.W. 13th Pl
1.4 CITY-ST-ZIP Gainesville, FL 32607

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 (352) 379-0885

Date

Daytime Phone #

CR2E034 (1/98)