

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17277 (2)

1. Corporation Name
STAT-CARE EVENT MEDICAL, INC.



Principal Place of Business
~~6605 DOMINICA CT~~
TEMPLE TERRACE FL 33637
US

Mailing Address
P O BOX 16967
TEMPLE TERRACE FL 33687-6967
US

3. Date Incorporated or Qualified 12/05/1990 3a. Date of Last Report 02/22/1995
4. FEI Number 59-3041163 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 10014 N. HYALEAH Rd. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa, Florida 28 Zip 29 Hills. 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALDWIN, WILLIAM M
~~6605 DOMINICA CT~~
TEMPLE TERRACE FL 33637

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 10014 N. HYALEAH Rd.
84 City Tampa FL 85 Zip Code 33617

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: *William M. Baldwin* William M. Baldwin v 4-8-96
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BALDWIN, WILLIAM M.
STREET ADDRESS P.O. BPX 16967
CITY-ST-ZIP TEMPLE TERRACE FL
TITLE S
NAME BALDWIN, CYNTHIA
STREET ADDRESS P.O. BOX 16967
CITY-ST-ZIP TEMPLE TERR. FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10014 N. HYALEAH Rd.
1.4 CITY-ST-ZIP Tampa, Fl. 33617
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10014 N. HYALEAH Rd.
2.4 CITY-ST-ZIP Tampa, Fl. 33617
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 300001838383
5.4 CITY-ST-ZIP -05/24/96--01035--027
6.1 TITLE ***200.00
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cynthia Baldwin* Cynthia Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

813-989-8232

CR2E034 (12/95)