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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S31466**  
1. Corporation Name  
**SOUTHMED CORPORATION, INC.**

(3)



Principal Place of Business

**633 E. COLONIAL DRIVE  
ORLANDO FL 32803**

Mailing Address

**633 E. COLONIAL DRIVE  
ORLANDO FL 32803-4602**

3. Date Incorporated or Qualified

**02/12/1991**

3a. Date of Last Report

**08/12/1996**

4. FEI Number

**59-3135165**

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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PEARLMAN, CRAIG S.  
201 S. ORANGE AVENUE  
SUITE 900  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

TITLE ☐ DELETE

NAME **PST  
ADAMS, N. LOIS**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **VD  
MURRAY, LOUIS C.**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **VD  
SCHULER, THOMAS L.**  
STREET ADDRESS **633 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D  
GOLDBERG, MERYL A**  
STREET ADDRESS **633 E. COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **EVP  
DE TREVILLE, BRENDA**  
STREET ADDRESS **8227 TANSEY DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*[Signature]*

*5/1/97*

CR2E034 (9/96)