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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S31466

(3)

**SOUTHMED** CORPORATION, INC.

**FILED** May 14 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |                                   |                  |                                  |   |                  | #1611 1941      |
|---|---|-----------------------------------|------------------|----------------------------------|---|------------------|-----------------|
| 633 E. COLON  |   | 633 E. COLONIAL DRIVE             |                  |                                  |   |                  |                 |
| ORLANDO FL 32903  |   | ORLANDO FL 32803                  | ORLANDO FL 32803 |                                  | DO NOT WRITE IN THIS SPACE                                      |                  |                 |
|   |   |                                   |                  |                                  | 3. Date Incorporated or Qualified                               |                  |                 |
|   |   |                                   |                  |                                  | 02/12/1991  |                  |                 |
|   | lace of Business                                  | 2a. Mailing Address               |                  |                                  | 4, FEI Number   | Ap               | plied For       |
| 21  |   | 26                                |                  | 59-3135165                       | No  | t Applicable     |                 |
| Sulte, Apt. #, etc.   |   | Suite, Apt. #, etc.               |                  | 5. Certificate of Status Desired | \$8.75  |                  |                 |
| 22  |   | 27                                |                  | C. Communic of Charles Donner    | Fee Re  | <del></del>      |                 |
| City & State  |   | City & State                      |                  | 6. Election Campaign Financing   | \$5.00  |                  |                 |
| 23  |   | Z <sub>ID</sub> Country           |                  | Trust Fund Contribution          | Added I   |                  |                 |
| Zip   | Country   | 7 p                               |                  |                                  | 8. This corporation owes or has pai                             |                  | angible<br>] No |
| 24  | 25 Name and Address of Curre                      |                                   | 90               |                                  | Personal Property Tax due June  10. Name and Address of New Reg |                  | 1110            |
| <b></b>   |   | in registored Agent               | 81               | Name                             | 10, 110,110 0110 7001000 01 11000 1101                          | giololog rigoin  |                 |
|   | ARLMAN, CRAIG S.                                  |                                   |                  |                                  |   |                  |                 |
| 201 S. ORANGE AVENUE  |   |                                   | 82               | Street Add                       | ress (P.O. Box Number is Not Acceptab                           | ile)             |                 |
| SUITE 900 ORLANDO FL 32801  |   |                                   | 83               |                                  | · · · · · · · · · · · · · · · · · · ·                           |                  |                 |
| Uni   | LANDO FL 32001                                    |                                   |                  |                                  |   |                  |                 |
|   |   |                                   | 84               | City                             |   | FI 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 ag | ent and title if applicable (NOTE | Registered Age   | nt signature requi               | red when reinstating)   | DATE.            |                 |
| 12.   | OFFICERS AN                                       | ID DIRECTORS                      | 13.              |                                  | ADDITIONS/CHANGES TO OFFIC                                      | ERS AND DIRECTOR | S IN 12         |
| TITLE   | PST   | ☐ DELFTE                          | 1.1 TITLE        |                                  | •   | ☐ Change         | Addition        |
| NAME  | ADAMS, N. LOIS                                    |                                   | 1.2 NAME         |                                  |   |                  |                 |
| STREET ADDRESS  | 633 E COLONIAL DR                                 |                                   | 1.3 STREET       | ADDRESS                          |   |                  |                 |
| C!TY-\$T-ZiP  | ORLANDO FL  |                                   | 1.4 CITY-S       | T-ZIP                            |   |                  |                 |
| TITLE   | ٧D  | L_] DELETE                        | 2.1 TITLE        |                                  |   | L Change         | Addition        |
| NAME  | MURRAY, LOUIS C.                                  |                                   | 2.2 NAME         |                                  |   |                  |                 |
| STREET ADDRESS  | 633 E COLONIAL DR                                 |                                   | 2.3 STREET       | ADDRESS                          |   |                  |                 |
| CITY-ST-ZIP   | ORLANDO FL  |                                   | 2. 4 CITY - S    | ST - <b>2</b> HP                 |   |                  |                 |
| TITLE   | D   | L DELETE                          | 3.1 TITLE        |                                  |   | L. Change        | ☐ Addition      |
| NAME  | <b>GOLDBERG, MERYL A</b>                          |                                   | 3.2 NAME         |                                  |   |                  | ļ               |
| STREET ADDRESS  | 633 E. COLONIAL DR                                |                                   | 3.3 STREET       | ADDRESS                          |   |                  |                 |
| CITY-ST-ZIP   | ORLANDO FL  | <b>E</b>                          | 3.4. CITY - 9    | ST-7IP                           |   |                  | 1 1 1 1 1 1 1 1 |
| TITLE   | EVP   | DELETE                            | 4.1 TITLE        |                                  |   | L.] Change       | Addition        |
| NAME  | <b>DE</b> TREVILLE, BRENDA                        |                                   | 4. 2 NAME        |                                  |   |                  |                 |
| STREET ADDRESS  | 8227 TANSEY DR.                                   |                                   | 4.3 STREET       | ADDRESS                          |   |                  |                 |
| CITY-ST-ZIP   | ORLANDO FL  |                                   | 4.4 CHTY - S     | T-ZIP                            |   |                  |                 |
| TITLE   |   | L DELETE                          | 5.1 TITLE        |                                  |   | Change           | Addition        |
| NAME  |   |                                   | 5.2 NAME         |                                  |   |                  |                 |
| STREET ADDRESS  | ŧ   |                                   | 5.3 STREET       |                                  |   |                  |                 |
| CITY-ST-ZIP   |   |                                   | 5.4 CITY - S     | T - ZIP                          |   |                  |                 |
| TITLE   | •   | ☐ DELETE                          | 6.1 TITLE        |                                  |   | ☐ Change         | Addition        |
| NAME  |   |                                   | 6.2 NAME         |                                  |   |                  |                 |
| Street Address  |   |                                   | 6.3 STREET       | ADDRESS                          |   |                  | j               |
| CITY-ST-ZIP   | iP  |                                   | 6.4 CITY-S       | T-ZIP                            |   |                  |                 |

Thereby 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 angular 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 traffect impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or an an attachment with a raddress.

11/2/100

407.898.4421