(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200037714152

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUN-9'92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT #S32348 — (2)

PROGRESS

SPB MEDICAL, INC.
3627 UNIVERSITY BLVD. SOUTH
SUITE 235
JACKSONVILLE FL 32216-4256

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02/18/1991

3a. Date of Last Report

4. FEI Number: 59-3058467

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape. Use X to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	4 City and State
1 / 1x	D	MCCLAIN, WILLIAM A., III	3715 NORTHSIDE PKWY,#105	ATLANTA, GA
2 / 2x				
3 / 3x				
4 / 4x				
5 / 5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE, FL 32207

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City | FL. | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

11. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an address.

SIGNATURE _____ DATE _____

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
William A. McClain, III	Director	(404) 261-3271

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐

CR2E034 (11/91)