FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29

DOCUMENT # S36107 (8)

1. Corporation Name
TURBO-MED, INC.

Principal Place of Business	Mailing Address
973 VIRGINIA AVENUE UNIT B-1 PALM HARBOR FL 34683	973 VIRGINIA AVENUE UNIT B-1 PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1991
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21 4159-A CORPORATE CT
22 Suite, Apt. #, etc.
23 City & State: PALM HARBOR, FL
24 Zip: 34683 Country: 25

2a. Mailing Address
26 4159-A CORPORATE CT
27 Suite, Apt. #, etc.
28 City & State: PALM HARBOR, FL
29 Zip: 34683 Country: 30

4. FEI Number: 59-3054120 ☐ 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

9. Name and Address of Current Registered Agent

POSTLEWAITHE, JOHN
2700 BAYSHORE BLVD.
B11-110
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: POSTLETHWAITE, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 4159-A CORPORATE CT
83
84 PALM HARBOR FL 85 Zip Code 34683

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] 3-21-95
(Signature of new registered agent, if changed) (NOTE: Registered Agent must sign if required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	POSTLEWAITHE, JOHN	12 NAME	POSTLETHWAITE, JOHN
STREET ADDRESS	2700 BAYSHORE BLVD.	13 STREET ADDRESS	4159-A CORPORATE CT
CITY ST ZIP	DUNEDIN FL	14 CITY ST ZIP	PALM HARBOR, FL 34683
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added, above.

SIGNATURE: [signature] 3-21-95 813-736-0000
(SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0366010 CP