


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90117 002 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S39145</b>					
1. Corporation Name <b>PRECISION MEDICAL, INC.</b>					
Principal Place of Business <b>333 FAULKENBURG ROAD SUITE 403 TAMPA FL 33610-9269</b>			Mailing Address <b>333 FAULKENBURG ROAD SUITE 403 TAMPA FL 33610-9269</b>		
2. Principal Place of Business 21 <b>2916 Palm River Rd</b> Suite, Apt. #, etc. 22 <b>SUITE 205</b> City & State 23 <b>TAMPA FL</b> Zip 24 <b>33619</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>2916 Palm River Rd</b> Suite, Apt. #, etc. 27 <b>SUITE 205</b> City & State 28 <b>TAMPA FL</b> Zip 29 <b>33619</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/18/1991</b>	
9. Name and Address of Current Registered Agent <b>ETHERIDGE, GEORGE W. 3333 FAULKENBURG ROAD SUITE 403 TAMPA FL 33619</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> DELETE			
NAME	ETHERIDGE, GEORGE W.				
STREET ADDRESS	3333 FAULKENBURG ROAD				
CITY-ST-ZIP	TAMPA FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	ETHERIDGE, LISA O.				
STREET ADDRESS	3333 FAULKENBURG ROAD				
CITY-ST-ZIP	TAMPA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)