

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 9:07

DOCUMENT # S46581 (2)

1. Corporation Name

ESCLAND MEDICAL, INCORPORATED

Principal Place of Business

1420 EAST SEMORAN BLVD.
APOPKA FL 32703

Mailing Address

P.O. BOX 162596
ALTAMONTE SPRINGS FL 32716
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3064506

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

21 236 N. Hill Cir.

Suite, Apt. #, etc.

22 City & State

23 Altamonte Springs

24 Zip

32779

Country

25 Seminoles

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HULLSON, EDWIN L.
236 N HILL CIR
LONGWOOD FL 32779

Not
Correct
Spelling

81 Name

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

83 Ste 200 F

84 City

Altamonte Springs

FL

85 Zip Code

32714

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLAND, EDWIN L.
STREET ADDRESS	228 NOB HILL CIRCLE
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 applicable, or on an attachment with an address.

SIGNATURE:

Edwin L. Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin L. Holland

Date

Signature Printed