COF ANNL	PROFIT PORATION JAL REPORT 1999		E MAY 1ST IS FLORIDA DEPART Katherin Secretary DIVISION OF CO	IMENT OF STATE e Harris of State		999 8:00 y of Sta	te
DOCU	MENT # S8	7058					
 Corporation 	n Name IGO MEDICAL SYS						
NETLAG	GO MEDICAL STO					TANAN BINA BINA BINA BINA BINA	
rincipal Place of Business Mailing Address 6622 SOUTHPOINT DR S.							
D BOX 27150 ANAMA CITY FL 32411		STE 495			DO NOT WRITE IN THIS SPACE		
		JACX	SONVILLE FL 32216		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
					10/10/1991		
Principal P	Place of Business	2a.	Mailing Address		4, FEI Number		lied For
		26	Suite Apt #, etc		59-3086881	Not \$8.75 Ac	Applicable
Suite, Apt.	#, 610	27	Dane Api M, ell		5. Certifcate of Status Desired	Fee Req	
City & Stat	le		City & State		6. Election Campaign Financing	\$5.00 N Added to	,
Zip	Country	28	 Zip	Country	Trust Fund Contribution 8. This corporation owes the current y		• Fees
]	25	29		30	Personal Property Tax.	Yes /	INO
	9. Name and Addres	is of Current Registe	red Agent		10. Name and Address of New Regis	tered Agent	· · · · · ·
DAN	EDELMAN			81 Name			
	SOUTHPOINT DR S.			82 Street	Address (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE FL 32202						
				83			
				83 84 City		- 85 Zip Co	ode
			7 1509 Elocido Statuto	84 Crty	concetion submits this statement for the num	FL	eaistered
office or r	registered agent, or both.	in the State of Florida	a. Such change was au	84 City s, the above-named thorized by the corp	corporation submits this statement for the purp pration's board of directors. I hereby accept the	FL	eaistered
office or r agent. I a	to the provisions of Secture registered agent, or both, im familiar with, and acce	in the State of Florida	a. Such change was au	84 City s, the above-named thorized by the corp	corporation submits this statement for the purp pration's board of directors. I hereby accept the	FL	eaistered
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14. Thereby certify that the information supplies with this limit does not quality for the exemption such as the information of the information supplies and 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.

3/15/99

Date 850 236 5633