

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90019 006 \*\*\*150.00

**DOCUMENT # S87058**

1. Entity Name  
**KEY LARGO MEDICAL SYSTEMS, INC.**



Principal Place of Business  
**19806 PANAMA CITY BCH PKWY  
PANAMA CITY, FL 32413**

Mailing Address  
**6622 SOUTHPOINT DR S.  
STE 495  
JACKSONVILLE, FL 32216**

**54025195**



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3086881** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAN EDELMAN  
6622 SOUTHPOINT DR S.  
SUITE 495  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COLSON, ANITA
STREET ADDRESS	6622 SOUTHPOINT DRIVE SOUTH., STE. 495
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MASHEK, EDWARD
STREET ADDRESS	7901 BAYMEADOW WAY., STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	KRAMER, WALTER
STREET ADDRESS	7901 BAYMEADOW WAY., STE. 1
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	COLSON, WILLIAM
STREET ADDRESS	6622 SOUTHPOINT DRIVE SOUTH., STE. 495
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita R. Colson President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 904.296.9333  
Date Daytime Phone #