2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90364 035 ***150.00

DOCUMENT # S87058

1. Entity Name
KEY LARGO MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
19806 PANAMA CITY BCH PKWY PANAMA CITY FL 32413	6622 SOUTHPOINT DR S. STE 495 JACKSONVILLE FL 32216

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
DAN EDELMAN 6622 SOUTHPOINT DR S. JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) Suite 495 City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLSON, ANITA P O BOX 9073 PANAMA CITY BCH FL 32417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6622 Southpoint Dr. S. Ste 495 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASHEK, EDWARD 7751 BELFORT PKWY -STE 120 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7901 Baymeadows Way Ste 1 Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAMER, WALTER 7751 BELFORT PKWY -STE 120 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7901 Baymeadows Way Ste 1 Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLSON, WILLIAM P O BOX 9073 PANAMA CITY BCH FL 32417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6622 Southpoint Dr. S. Ste 495 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: x Anita R Colson PRES. 4-28-03 850-230-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #