Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90059 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$87517

1. Corporation Name

MED KELLVIG INC

MED IVEL	ELI O MO.							
Principal Place	e of Business	Mailing Address			(imatimia terrenti resut uti	81 (JE() (89) BIBIT BI	81) 618H 91	#11 #1#11 #1#11 1##1
13451 MCGREG		13451 MCGREGOR BLVD.						
SUITE 34 SUITE 34		SUITE 34						
FT. MYERS FL 33919-2923 FT. MYERS FL 33919-2923					VRITE IN THIS	SPACE		
					3. Date Incorporated or Quali 10/15/1991	fed 	,	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0289601			Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 🗆		5 Additional Required
22		27						
City & State	e	City & State			6. Election Campaign Financi	^{ng} □		00 May Be ed to Fees
23		28	Country		Trust Fund Contribution			ed 10 Lee2
Zip	Country	Zip	Country		8. "This corporation owes the	current year into	angible ☐ Yes	□No
24	25	29 30]		Personal Property Tax. 10. Name and Address of Ne	w Registered		
	9. Name and Address of Current	Registered Agent	81	Name	10. Halle alla Addiess of Ne	W Itegistores.	190111	
LON	DON, SHELDON M.		["]	Maine				
	S.W. 94 PLACE		82	Street A	Address (P.O. Box Number is Not Acc	eptable)		
	AI FL 33176		83					
1110 (11			"					
			84	City	-	FL	85 2	Zip Code
11. Pursuant	to the applicance of Captions 607 0500				assporation submits this statement for	the nurnose of	cnanging	i its registered - I
office or re agent. I as SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes.	the corpo	oration's board of directors. I hereby a	ccept the appoi	ntment a	s registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	norized by to a Statutes. Egistered Agent	the corpo	pration's board of directors. I nereby a	DATE	ument a	s registered
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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 feediver 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-25-99 941- 433- 4477