


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90082 005 ***150.00

DOCUMENT # V32499 1. Entity Name COLLINS MEDICAL, INC.			
Principal Place of Business 6290 NW 27TH WAY FORT LAUDERDALE, FL 33309 US		Mailing Address P.O. BOX 223 BOCA RATON, FL 33429 US	
2. Principal Place of Business - No P.O. Box # 999 NW 5TH AVENUE		3. Mailing Address Suite, Apt. #, etc.	
City & State BOCA RATON, FL.		City & State	
Zip 33432	Country USA	Zip	Country
6. Name and Address of Current Registered Agent COLLINS, RON N 6810 NW 20TH AVE FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name LYNN ELLEN COLLINS Street Address (P.O. Box Number is Not Acceptable) 999 NW 5TH AVENUE City BOCA RATON FL Zip Code 33432	
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 <i>Lynn Ellen Collins</i> DATE 4/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P COLLINS, RON PO BOX 223 BOCA RATON, FL 334290223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYNN ELLEN COLLINS PO. BOX 223 BOCA RATON, FL. 33429-0223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lynn Ellen Collins</i> 4/5/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (954) 292-8111 <small>Device Phone #</small>	

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01182007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3121800 Applied For
Not Applicable

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