FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:59

DOCUMENT # **V32639** **(9)**

1. Corporation Name
MEDIBED, INC.

Principal Place of Business	Mailing Address
PO BOX 2654 CLEARWATER FL 34617-2654	PO BOX 2654 CLEARWATER FL 34617-2654

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business	2a. Mailing Address
21 207 Third Avenue North	26 207 Third Avenue North
Suite, Apt. #, etc. 22 Fourth Floor	Suite, Apt. #, etc. 27 Fourth Floor
City & State 23 Nashville, TN	City & State 28 Nashville, TN
Zip 24 37201 Country 25	Zip 29 37201 Country 30

4. FEI Number: 59-3119920 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEWIS, JAMES G 11412 2ND STREET NORTH ST. PETERSBURG FL 33716	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of Registered Agent and the date as well (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	President / Secretary / Director ☒ Change ☐ Addition
NAME	LEWIS, JAMES G.	1 2 NAME	Jarrett, Chris
STREET ADDRESS	11412 2ND STREET NORTH	1 3 STREET ADDRESS	207 Third Avenue North, Fourth Floor
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1 4 CITY-ST-ZIP	Nashville, TN 37201
TITLE	V	2 1 TITLE	Vice President / Director ☒ Change ☐ Addition
NAME	JARRATT, CHRIS	2 2 NAME	Jim Snyder, James
STREET ADDRESS	11412 2ND STREET NORTH	2 3 STREET ADDRESS	207 Third Avenue North, Fourth Floor
CITY-ST-ZIP	ST. PETERSBURG FL 33716	2 4 CITY-ST-ZIP	Nashville, TN 37201
TITLE	V	3 1 TITLE	Vice President / Director ☐ Change ☐ Addition
NAME	SNYDER, JAMES	3 2 NAME	James G. Lewis
STREET ADDRESS	11412 2ND STREET NORTH	3 3 STREET ADDRESS	11412 2nd Street N. #
CITY-ST-ZIP	ST. PETERSBURG FL 33716	3 4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE: _____ 5/22/95 813/289-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

045A020 FP