FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90163 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # V32810

1. Corporation	n Name						
DIVERSIFIED MEDICAL, INC.					T HABIT MITAGO TILFO TABAT TALAH MINI DATA	ALDIY BIBIL BIBIK Bibi r	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Flace	e of Business	Mailing Address			INDII GIVEGO ILITO IIGOV IGIGI IIDII GEN	Millit Millit miger minte	1 0 1011 B1011 1081
6456 PARKLAND DRIVE 6456 PARKLAND DRIVE							
SARASOTA FL 34243 SARASOTA FL 34243					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified	1110 01 7102	
}					04/28/1992		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	A	polied For	
21		26		00 0021110		łot Applicable	
Suite, /spt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State			6. Election Campaign Financing	\$5.00	May Be
<u> </u>		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr		8. This corporation owes the current ye	ar Intangible	
24	25 29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
DDO	NITY OTENIAL ECOLUDE		8	1 Name			
PROUTY, STEVEN W., ESQUIRE			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
1205 MANATEE AVENUE WEST BRADENTON FL 34205							
UNA	DEI41014 E 34203		8:	3			
			8-	4 City	<u> </u>	FiL 85 Zip	Code
11. Pursu ant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat J	tes, the abo	ve-named cor	rporation submits this statement for the purpo	se of changing it	s registered
l office or re	egistered agent, or b⊝th, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	v the corporat	tion's board of directors. I hereby accept the	appointment as ri	egistered
SIGNATURE	•						
Signature, typed or printed n ime of registered ager t and title if applicable. (NO				ent signature recui	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12.	D OFFICERS AF	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	
NAME	HAZZARD, ROBERT C., JR		1.2 NAME			_ •	_
STREET ADDR ESS	1786 SOUTH CREEK DRIVE			ET ADDRESS			
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	WILLIS, MARY C., JR		2.2 NAME				
STREET ADDRESS	1786 SOUTH CREEK DRIVE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	OSPREY FL 34229		2. 4 CITY	- ST- ZIP		<u></u>	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDR ESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Change	
NAME			4. 2 NAME				
STREET ADDR :SS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-				Addition
TITLE			5.1 TITLE 5.2 NAME				_
NAME STREET ADOD :SS				ET ADDRESS			
STREET ADOR ESS			5.4 CITY-				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	.			
STREET ADDR 399			6.3 STRE	ET ADDRESS			

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 supplier ental 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 change I or on an additional ment with air address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-756-5100