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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V34174** (5)

1. Corporation Name
VENTURES DME, INC.

Principal Place of Business

**149 STEVENS AVE
SUITE 800
OLDSMAR FL 34677
US**

Mailing Address

**430 PARK PLACE BLVD
STE 100
CLEARWATER FL 34619-3926
US**

3. Date Incorporated or Qualified
05/06/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 **11175 STARKEY ROAD**

Suite, Apt. #, etc.

22

City & State

23 **LARGO FL**

Zip

24 **33773**

Country

25

2a. Mailing Address

26 **11175 STARKEY ROAD**

Suite, Apt. #, etc.

27

City & State

28 **LARGO FL**

Zip

29 **33773**

Country

30 **PINELLAS**

4. FEI Number

59-3123860

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

**MARQUARDT, EMIL C., JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CROCKETT, DENTON W JR**
STREET ADDRESS **430 PARK PLACE BLVD., STE 100**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE
NAME **MURPHY, FRANK V III**
STREET ADDRESS **323 JEFFORDS STREET**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **STD** ☒ DELETE
NAME **WATKINS, GLENN G**
STREET ADDRESS **1240 SOUTH FORT HARRISON AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **BEAUCHAMP, PHILIP K.**
STREET ADDRESS **601 MAIN ST**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **STD**
3.3 STREET ADDRESS **JOHN C. BABKA, M.D.**
3.4 CITY-ST-ZIP **323 JEFFORDS STREET**
CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

1-13-97