

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V37244 (3)

1. Corporation Name

AUTOMEDICS OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

**6350 118TH AVE N
LARGO FL 34643**

**6350 118TH AVE N
LARGO FL 34643**

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **11733 66TH ST. N.**

26 **6354**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#121**

27

City & State

City & State

23 **LARGO FL**

28

Zip

Country

Zip

Country

24 **34643**

25

29

30

4. FEI Number

59-3124111

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

**BLUME, STEPHEN G.
6350 118TH AVE N
LARGO FL 34643**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6354

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BLUME, STEPHEN G.**
STREET ADDRESS **524 AUSTIN DR.**
CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE **VD** ☐ DELETE
NAME **BLUME, DARYL W.**
STREET ADDRESS **2504 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **7306 SAWGRASS POINT DRIVE**
2.4 CITY-ST-ZIP **ANELLAS PARK, FL 34666**

TITLE **VD** ☐ DELETE
NAME **ORMSBY, ROBERT A.**
STREET ADDRESS **3096 ROBERTA ST**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **DEMA, ANTHONY N.**
STREET ADDRESS **10489 95TH ST N**
CITY-ST-ZIP **LARGO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Anthony N. Dema** Sec/Treas **11 24, 1996** 813/546-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)