

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 # **V39945** (3)

1. Corporation Name

**CREATIVE MEDICAL, INC.
SENTECH MEDICAL SYSTEMS, INC**



Principal Place of Business

**5363 NW 35 AVE
FT. LAUDERDALE FL 33309
US**

Mailing Address

**5363 NW 35 AVE
FT. LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FET Number

65-0392938

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

**BIGGIE, JOHN J.
3041 NE 48TH ST.
LIGHTHOUSE POINT FL 33309**

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 **P.V.P.** ☐ DELETE
NAME **BIGGIE, JOHN J.**
STREET ADDRESS **3041 NE 48TH ST.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE **DST** ☐ DELETE
NAME **BIGGIE, LYDIA**
STREET ADDRESS **3041 NE 48TH ST.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P** ☐ Change ☒ Addition
NAME **PRESIDENT**
2.2 NAME **DUNCAN BOSSLE, DUNCAN E.**
3.3 STREET ADDRESS **2830 Old Orchard Rd**
4.4 CITY-ST-ZIP **Dania FLA 33328**

2.1 TITLE **C** ☐ Change ☒ Addition
2.2 NAME **CEO**
2.3 STREET ADDRESS **SIMMONDS, GEOFFREY R.**
2.4 CITY-ST-ZIP **3288 HUNTINGTON, WESTON HILL**
FT. LAUDERDALE FL 33332

3.1 TITLE **V.P.** ☐ Change ☒ Addition
3.2 NAME **EDWARDS, JACKIE**
3.3 STREET ADDRESS **19284 164th Terence**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **HIGGINS, ROY**
4.3 STREET ADDRESS **5217 Village Way**
4.4 CITY-ST-ZIP **Amelia Island FLA 32034**

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 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:

DEBossle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBossle

4-11-96

954-739-4972

Date

Daytime Phone #

CR2E034 (12/95)