

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -4 PM 11:24**

**DOCUMENT # V51736 (9)**  
1. Corporation Name  
**LCM MEDICAL, INC.**

Principal Place of Business Mailing Address  
**550 FAIRWAY DR. 550 FAIRWAY DR.  
S-105A S-105A  
DEERFIELD BCH. FL 33441 DEERFIELD BCH. FL 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/14/1992** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **65-0349500** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MITCHELL, BRUCE A.  
1825 S RIVERVIEW DR.  
MELBOURNE FL 32901**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and 850 4 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>THOMPSON, LARRY W.</b>
STREET ADDRESS	<b>1924 DAIRY RD.</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	
4. 4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, unchanged, or on an addition thereto with an address.

SIGNATURE: *Larry W. Thompson* **FEES 1-16-95 407-723-0008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR