Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90179 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # V57747

	L MEDTECH, INC.	Mailing Address					
Principal Flace		•					
301 SW 17TH S	STREET	POST OFFICE BOX 131 OCALA FL 34478					
#102 OCALA FL 34478 OCALA FL 34471 US					DO NOT WRITE IN THIS SPACE		
US	•				3. Date Incorporated or Qualifed		
					08/10/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 V.O. BO	x 5117	<u> </u>	59-3149566		No Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired		Additional
22		27	·				Required
City & State	ė	City & State	1		6. Electic n Campaign Financing		0 May Be
23		28 Cala,			Trust I und Contribution		d to Fees
Zip	Country	Zip	Country 30 U S	٨	8. This exporation owes the curren	it year Intangible Yes	□No
24		29 3 44 / 0	30 4.5	<u>. A., _</u>	Personal Property Tax. 10. Name and Address of New Re		
	g. Name and Address of Currer	n: Registered Agent	81	Name	10. Name and Address of New No.	giateria Agent	
FAKI	HOURY, EMAD		L.				
1021 SW 17TH ST			82	Street Addr	ess (P.O. Bo:: Number is Not Acceptabl	e)	Į
OCALA FL 34474			83				
00,							
			84	City		FL 85 Z	p Code
agent. I a	egistered agent, or ocin, in the State m familiar with, and accept the obligation of the state of registered age.	nt ons of, Section 607.0505, F	Torida Statutes.			DATE	
12.	OFFICERS AN	i) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PMD	☐ DELETE	11 TITLE			Chang	e Addition
NAME	FAKHOURY, EMAD A F.		1.2 NAME				}
STREET ADDRESS	1021 SW 17TH ST	H ST 1.3		ODRESS			
CITY-ST-ZIP	OCALA FL	_ <u>_</u>	1.4 CITY- ST-Z	IP			
TITLE	ST	☐ DELETE	2.1 TITLE			Chang	e Addition
NAME	TARRICOTTI, MOTOTTI		2.2 NAME				}
STREET ADDRESS	1		2.3 STREET AL	DDRESS			
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-	ZIP			Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Chanç	ge
NAME			3 2 NAME	1			
STREET ADDRESS			3.3 STREET AL	l l			l
CITY-ST-ZIP			3.4. CITY- ST-	ZiP		Chang	e Addition
TITLE	la de la companya de	☐ DELETE	4.1 TITLE			Chang	,c
NAME			4 2 NAME				i
STREET ADDRESS			4.3 STREET A				į
CITY-ST-ZIP		T not see	4.4 CITY- ST-2	<u> </u>		Chang	e Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			□ cuani	, Addition
NAME			•	nnacee			
STREET ADDRESS			5.3 STREET AL 5.4 CITY-ST-2		•		
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Chang	ge Addition
TITLE			6.2 NAME	ĺ			,-
NAME	İ		U.E. INCURE	i			I

14. I hereby certify that the information supplied with this filling 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, with a light empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: <

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF: OR DIRECTOR