SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 11 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001537297
-07/13/95--01072--023
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **V61459** **(6)**

1. Corporation Name
CALUSA FINANCIAL-MEDICAL, INC.

Principal Place of Business	Mailing Address
1156 NE CLEVELAND ST CLEARWATER FL 34615 US	1156 NE CLEVELAND ST CLEARWATER FL 34615 US

3. Date Incorporated or Qualified: **09/01/1992**
3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business	2a. Mailing Address
21 2708 ALT 19 N	26 2708 ALT 19 N
Suite, Apt. #, etc. 22 #702	Suite, Apt. #, etc. 27 # 702
City & State 23 PALM HARBOR FL	City & State 28 PALM HARBOR FL
Zip / Country 24 34683 / 25 PINELLAS	Zip / Country 29 34683 / 30 PINELLAS

4. FEI Number: **59-3144689** ☐ 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

KOUFAS, CHERYL A
1156 NE CLEVELAND ST
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: CONRAD NAGEL
82 Street Address (P.O. Box Number is Not Acceptable): 2708 ALT 19 N
83: # 702
84 City: PALM HARBOR FL 85 Zip Code: 34683

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: Conrad Nagel — CONRAD NAGEL — 7/6/95
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	DP	11 TITLE	☒ Change ☐ Addition
NAME	KOUFAS, CHERYL A	12 NAME	
STREET ADDRESS	1156 NE CLEVELAND ST	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	DELETE
TITLE	VPCF	21 TITLE	☒ Change ☐ Addition
NAME	NODEN, BARRY K	22 NAME	
STREET ADDRESS	1156 NE CLEVELAND ST	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	DELETE
TITLE		31 TITLE	CHIEF EXECUTIVE OFFICER ☐ Change ☒ Addition
NAME		32 NAME	SID FIELD - DIRECTOR
STREET ADDRESS		33 STREET ADDRESS	2708 ALT 19 N #702
CITY-ST-ZIP		34 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		41 TITLE	VICE-PRESIDENT-FINANCE ☐ Change ☒ Addition
NAME		42 NAME	CONRAD NAGEL
STREET ADDRESS		43 STREET ADDRESS	2708 ALT N 19 # 702
CITY-ST-ZIP		44 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	TVS 7/11/95	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Conrad Nagel — CONRAD NAGEL — 7/6/95 — (813) 786-8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Phone #

0112075 CR