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 # V61459 (6)

1. Corporation Name
CALUSA FINANCIAL-MEDICAL, INC.

Principal Place of Business	Mailing Address
2708 ALT 19 N # 702 PALM HARBOR FL 34683 US	2708 ALT 19 N # 702 PALM HARBOR FL 34683 US

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 07/11/1995
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

2. Principal Place of Business	2a. Mailing Address
21 140 S. CHAPARRAL CT	26 140 S. CHAPARRAL CT
Suite, Apt. #, etc. 22 110	Suite, Apt. #, etc. 27 110
City & State 23 ANAHEIM HILLS CA	City & State 28 ANAHEIM HILLS CA
Zip 24 92808 Country 25 USA	Zip 29 92808 Country 30 USA

9. Name and Address of Current Registered Agent

NAGEL, CONRAD
2708 ALT 19 N
702
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: THOMAS C LITTLE
82 Street Address (P.O. Box Number is Not Acceptable): 2123 N.E. COACHMAN ROAD STE A
83
84 City: CLEARWATER FL 85 Zip Code: 34625

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: Thomas C Little — DATE: 5-28-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	☐ DELETE	1.1 TITLE	CEO ☒ Change ☐ Addition
NAME	FIELD, SID		1.2 NAME	FIELD, SID
STREET ADDRESS	~~2708 ALT 19 N~~		1.3 STREET ADDRESS	140 S. CHAPARRAL CT STE 110
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~		1.4 CITY-ST-ZIP	ANAHEIM HILLS CA 92808
TITLE	VPF	☐ DELETE	2.1 TITLE	VPF ☒ Change ☐ Addition
NAME	NAGEL, CONRAD		2.2 NAME	NAGEL, CONRAD
STREET ADDRESS	~~2708 ALT 19 N~~		2.3 STREET ADDRESS	140 S. CHAPARRAL CT STE 110
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~		2.4 CITY-ST-ZIP	ANAHEIM HILLS CA 92808
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Conrad Nagel CONRAD NAGEL — 5/21/96 — (714) 282-6180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)