## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # F

P17113

(2)

T2 MEDICAL, INC.

FILED
Jan 27 1998 8:00am
Secretary of State



Disposal Place of Punispos							
Principal Place of Business Mailing Address							
1125 17TH ST	TREET		1125 17TH STREET				
STE. 2100			STE. 2100				
DENVER CO	80202		DENVER CO 80202				DO NOT WRITE IN THIS SPACE
US			US				3. Date Incorporated or Qualified
							01/11/1988
2. Principal P	lace of Busi	ness	2a. Mailing Address				4. FEI Number Applied For
21			26				<b>59-2405366</b> Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional
			27				5. Certificate of Status Desired Fee Regulred
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	·	Country	Zip		ountry		
		<b>⊢</b>	<b>├</b> ── <b>┐</b> `	\ <b>-</b>	oui iii y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	5 Name	25 and Address of Current	Pagistared Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
			negistered Agent		-	Name	
INDI OCHTIOLO, INO.							пе
528 E. PARK AVE.						Street	eet Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301						0001	the section of the se
	·				83		
						l	
					84	City	/ 85 Zip Code
					_		FL 10 14 0000
11. Pursuant	to the provis	sions of Sections 607.0502	and 607.1508, Florida S	statutes, the	abovi	e-namec	ned 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	d or printed name of registered agent	and title if applicable	(NOTE: Registe	ered Age	ent signatur	ature required when reinstating) DATE
12.		OFFICERS AND	DIRECTORS	18	9.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO		DELETE	1.1	TITLE		Change Addition
NAME	AMARA	L, DONALD J.			NAME		
		EEMONT COURT					
STREET ADDRESS						ADDRESS	SS
CITY-ST-ZIP	NASHVI	LLE IN			CITY-S	1-ZIP	
TITLE	VPT		DELETE	2.1	TITLE		C FO + Secretary ☑ Change ☐ Addition
NAME	SMITH,	RICHARD		2.2	NAME		· ·
STREET ADDRESS	EET ADDRESS 1125 17TH STREET, STE. 1500				2.3 STREET ADDRESS		ss 1125 1744 Sty Ste 2108
CITY-ST-ZIP	DENVER				4 CITY - S		Denem, co Fózoz
TITLE			DELETE		TITLE	31-211	Assistant Secretary . Change Addition
							1 - C 1 T
NAME					NAME		Series John State
STREET ADDRESS				3.3	STREET	ADDRESS	1 1 1 1 1 T
CITY-ST-ZIP					. CITY - S	ST-ZIP	Atlanta, GA 86342
TITLE			DELETE	4.1	TITLE		Assument Secretary
NAME				4. 3	2 NAME		Gomez. Robyn
STREET ADDRESS				43	STREET	ADDRESS	ss 15667 E. Quincy Lane
CITY-ST-ZIP					CITY-S		Aurora CO 80015
TITLE			DELETE			1-211	Change Addition
				- 4	TITLE		- Circumbe (**) Wooding
NAME					NAME		
STREET ADDRESS				53	STREET	address	SS
CITY-ST-ZIP				5 4	CITY-S	I - ZIP	
TITLE			DELETE	6.1	TITLE		Change Addition
NAME				62	NAME		
STREET ADDRESS						ADDRESS	99
				1			30   
CITY-ST-ZIP	orbifu dhad dh	o information accordant with	thio filing does not		CITY-S		Intend in Continue 110 07/9/6) Florido Ctatutas I fueb a a vita that the inference
indicated	on this annu	io imornation supplied with Jal report or suppliemental	annual report is true and	my for the e Laccurate a	xemp ind th	non stati at mv sid	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 alreadynam with in address.							
Block 12 o	or Block 13 i	if changed, or on an alkagi	ynent with in address.	A			