FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #5410003

1. Corporation Name: First Aid Select, Inc

Principal Place of Business: 10211 NW 53rd St. Sunrise, FL 33351

Mailing Address: 10211 NW 53rd St. Sunrise, FL 33351

3. Date Incorporated or Qualified: 7/19/1977

3a. Date of Last Report: 4/2/1995

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 59-1796257 — 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

Moskowitz, Norman M.D.
2100 E. Hallandale Beach Blvd.
Hallandale, FL 33009

10. Name and Address of New Registered Agent

81 Name: Scott Siegel

82 Street Address (P.O. Box Number is Not Acceptable): 10211 NW 53rd St.

83

84 City: Sunrise FL 85 Zip Code: 33351

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: Scott Siegel — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) — DATE: 10/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman/Secretary ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Scott Siegel	1.2 NAME	
STREET ADDRESS	10211 NW 53rd St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33351	1.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Jeff Godels	2.2 NAME	
STREET ADDRESS	10211 NW 53rd St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33351	2.4 CITY-ST-ZIP	
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	

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14. I do hereby certify that the information supplied with this filing 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: Scott Siegel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/6/97 — Daytime Phone #: 954.749.9926