


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G73122 1. Entity Name AARON MEDICAL INDUSTRIES, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 7 AM 7:16

Principal Place of Business 7100 30TH AVE N ST PETERSBURG, FL 33710-2902 US	Mailing Address 7100 30TH AVE N ST PETERSBURG, FL 33710-2902 US
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03082003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2361305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARON, ROBERT J. 9807 ASHLEY DR SEMINOLE, FL 34642

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	SARON, J. ROBERT
STREET ADDRESS	9807 ASHLEY DR
CITY-ST-ZIP	SEMINOLE, FL
TITLE	D
NAME	MAKRIDES, ANDREW
STREET ADDRESS	7100 30TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	CITRONOWICZ, MOSHE
STREET ADDRESS	2806 MEADOW HILL DR., N
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200037624972

06/03/04--01032--012 **550.00

DO NOT WRITE IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J Saron* ROBERT J SARON 5/19/04 7273842000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/10/04