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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000090451 (2)

1. Corporation Name

SHARK MEDICAL, INC.

Principal Place of Business	Mailing Address
2315 S OCCIDENT TAMPA FL 33629	2315 S OCCIDENT TAMPA FL 33629

3. Date Incorporated or Qualified: 11/27/1995

3a. Date of Last Report:

2. Principal Place of Business
21 5279 Isla Key Blvd. #214
Suite, Apt. #, etc.
22
City & State
23 St. Petersburg, FL
Zip 24 33715 Country 25 USA

2a. Mailing Address
26 5279 Isla Key Blvd. #214
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, FL
Zip 29 33715 Country 30 USA

4. FEI Number: 59-3353069 ☐ 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

NOBLES, DAWN
2315 S OCCIDENT
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Dawn Smith Nobles
82 Street Address (P.O. Box Number is Not Acceptable): 5279 Isla Key Blvd. #214
83
84 City: St. Petersburg, FL 85 Zip Code: 33715

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: Dawn Smith Nobles President DATE: 4/30/96
Signature, typed or printed name of registered agent and title if applicable. Date. Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: ☒ Change ☐ Addition — P Dawn Smith Nobles 5279 Isla Key Blvd. #214 St. Petersburg, FL 33715
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: ☒ Change ☐ Addition — VP John Scharf, MD 13 Sunnypoint Court Oldsmar, FL 34677
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: ☐ Change ☒ Addition — S/T James E. Cooke, MD 991 Somerset Drive Atlanta, GA 30327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Dawn Smith Nobles Dawn Smith Nobles President 4/30/96 813-545-6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0309934 CP