## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # V04444 1. Entity Name HERRIS MEDICAL SYSTEMS, INC. 01-21-2000 90094 014 \*\*\*158.75 Principal Place of Business Mailing Address 7795 GRUNDY ST 8285 SW 105 ST PENSACOLA FL 32507 MIAMI FL 33156-3561 O U A U U I US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3097654 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRIS, BERNARD Street Address (P.O. Box Number is Not Acceptable) 8285 SW 105 ST **MIAMI FL 33156** Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** ☐ Addition CR2E034 (9/99) ☐ Change TITLE ☐ Delete HERRIS, ANDREW T NAME 7795 GRUNDY ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 ☐ Change ☐ Addition ☐ Delete TITLE HERRIS, BERNARD NAME STREET ADDRESS 8285 SW 105 ST CITY-ST-ZIP MIAMI FL 33156 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BHEIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. HERRIS

NAFT TOR

1/14/00

305-271-1496

Date

Daytime Phone #