FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K54306** **(1)**

1. Corporation Name

STAT MEDICAL DEVICES, INC.

Principal Place of Business

1841 NE 146 ST
NORTH MIAMI FL 33181
US

Mailing Address

1841 NE 146 ST
NORTH MIAMI FL 33181
US

2. Principal Place of Business
21
Suite Apt #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt #, etc.
27
City, & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **12/19/1988**

3a. Date of Last Report: **01/23/1995**

4. FEI Number: **65-0120737** — 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. Has corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAMES, DEBORAH S.
1841 NE 146 ST
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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 duties and responsibilities of registered agent.

SIGNATURE: Abraham W. Chames — DATE: 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
DV	CHAMES, ABRAHAM W.	1761 NE 162 ST	N MIAMI BEACH FL	☐
TPD	SCHRAGA, STEVEN	1130 N.E. 179TH ST.	N. MIAMI BCH. FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change / Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

H00001717695
-02/16/96--01107--010
****208.75

14. I do hereby certify that the information supplied with this filing, true and accurate, furnished and 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 other person authorized 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 any attached sheet with an original signature.

SIGNATURE: Abraham W. Chames — ABRAHAM W. CHAMES — 1/30/96 — (305) 949-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

CR2E034 (12/95)