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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **635123** **(3)**

1. Corporation Name

NATIONAL MEDICAL PRODUCTS COMPANY

Principal Place of Business

6349 BEACH BLVD
JACKSONVILLE FL 32216

Mailing Address

6349 BEACH BLVD
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **08/27/1979**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

4. FEI Number: **59-1930675** ☐ 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

BARBOUR, GEORGE
6349 BEACH BLVD
JACKSONVILLE FL 32216

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 Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. I hereby certify that the corporation's board of directors has authorized the change. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

P ☐ DELETE
CULP, JAMES D
3515 BEAUCLERC CIRCLE N.
JACKSONVILLE FL

VS ☐ DELETE
CULP, NANCY S
3515 BEAUCLERC CIRCLE N.
JACKSONVILLE FL

T ☐ DELETE
BARBOUR, GEORGE E
6349 BEACH BLVD
JACKSONVILLE FL

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title ☐ Change ☐ Addition
1 Name
1 Street Address
1 City St Zip

2 Title ☐ Change ☐ Addition
2 Name
2 Street Address
2 City St Zip

3 Title ☐ Change ☐ Addition
3 Name
3 Street Address
3 City St Zip

4 Title ☐ Change ☐ Addition
4 Name
4 Street Address
4 City St Zip

5 Title ☐ Change ☐ Addition
5 Name
5 Street Address
5 City St Zip

6 Title ☐ Change ☐ Addition
6 Name
6 Street Address
6 City St Zip

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true. I am voluntarily furnishing it and it 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 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 above, or on an attachment with an address.

SIGNATURE: Nancy S Culp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96
Date

904-724-4660
Daytime Telephone Number