

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 635123

1. Corporation Name

NATIONAL MEDICAL PRODUCTS COMPANY

Principal Place of Business

**9612 SUNBEAM CENTER DR
JACKSONVILLE FL 32257
US**

Mailing Address

**9612 SUNBEAM CENTER DR
JACKSONVILLE FL 32257
US**

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90077 043 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1979

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 owes the current year intangible
Personal Property Tax. ☐ 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

James D. Culp, Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

9612 Sunbeam Center Drive

83

84 City

Jacksonville

FL

85 Zip Code

32257

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

James D. Culp, Sr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/21/99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CULP, JAMES D | 1.2 NAME | |
| STREET ADDRESS | 3515 BEAUCLERC CIRCLE N. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VS | 2.2 NAME | |
| STREET ADDRESS | 3515 BEAUCLERC CIRCLE N. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBOUR, GEORGE E | 3.2 NAME | |
| STREET ADDRESS | 6349 BEACH BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

James D. Culp, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-99

Daytime Phone #

(904) 288-8500

CR2E034 (11/98)