SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **855589** **(8)**

1. Corporation Name
BEAR MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
2085 RUSTIN AVENUE RIVERSIDE CA 92507	2085 RUSTIN AVENUE RIVERSIDE CA 92507

3. Date Incorporated or Qualified: **02/18/1983**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **95-3583558** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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: Signature, type/print name & title of registered agent and date required (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LARUSSO, DAVID V.		1.2 NAME	James Janning	
STREET ADDRESS	1720 SUBLETTE AVE		1.3 STREET ADDRESS	1720 Sublette Ave.	
CITY-ST-ZIP	ST. LOUIS MO		1.4 CITY-ST-ZIP	St. Louis, MO	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUNTZ, RICHARD P.		2.2 NAME		
STREET ADDRESS	1720 SUBLETTE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		2.4 CITY-ST-ZIP		
TITLE	VDAS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACNEE, JAMES M.		3.2 NAME		
STREET ADDRESS	2085 RUSTIN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERSIDE CA		3.4 CITY-ST-ZIP		
TITLE	VSTD	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	BECK-SMITH, DONNA		4.2 NAME	Barry Baker	
STREET ADDRESS	1720 SUBLETTE AVE		4.3 STREET ADDRESS	1720 Sublette Ave.	
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY-ST-ZIP	St. Louis, MO	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COE, ALAN		5.2 NAME		
STREET ADDRESS	1720 SUBLETTE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KOHN, GABE		6.2 NAME		
STREET ADDRESS	1720 SUBLETTE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. MacNee **7/29/96** **909-351-4802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James M. MacNee