
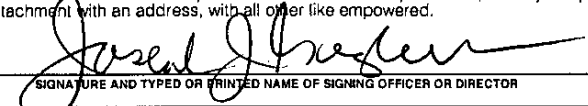


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90302 020 ***150.00

DOCUMENT # F93000004164					
1. Entity Name MAXXIM MEDICAL, INC.					
Principal Place of Business 477 COMMERCE BLVD. OLDSMAR, FL 34677			Mailing Address P.O. BOX 1639 OLDSMAR, FL 34677		
2. Principal Place of Business 4750 118 th ST NORTH Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State CLEARWATER, FL Zip: 33762 Country: PENNELLAS			City & State City: Zip: Country:		
4. FEI Number 74-1941367				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COCHILL, THOMAS R 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGQUIST, RON 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAGLIARDI, JOSEPH J. 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOX, SAUL 950 TOWER LANE, STE 1150 FOSTER CITY, CA 94404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VAN VOLKINBURG, MARK W 477 COMMERCE BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/15/05 727-556-6151		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		