

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90002 008 \*\*\*550.00

**DOCUMENT # F94000006222**

1. Entity Name  
**BOVIE MEDICAL CORPORATION**



Principal Place of Business  
**7100 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710-2902**

Mailing Address  
**7100 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710-2902**

**54056493**



03082003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2644611**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEABODY, CHUCK  
7100 30TH AVENUE NORTH  
ST. PETERSBURG, FL 33710-2902**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MAKRIDES, ANDREW  
STREET ADDRESS 7100 30TH AVENUE N  
CITY-ST-ZIP ST. PETERSBURG, FL 337102902

TITLE D  
NAME SARON, J. ROBERT  
STREET ADDRESS 9807 ASHLEY DRIVE  
CITY-ST-ZIP SEMINOLE, FL 34642

TITLE D  
NAME KROMER, GEORGE  
STREET ADDRESS 7100 30TH AVE N  
CITY-ST-ZIP ST PETERSBURG, FL

TITLE D  
NAME GRECO, ALFRED  
STREET ADDRESS 7100 30TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ROBERT J SARON*

*5/19/04*  
Date

*727 384 2000*  
Daytime Phone #