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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **F94000006631 (5)**

1. Corporation Name

DERMAQUEST SURGICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256	8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 23-2686140 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLSAPS & THAMES, P.A.
121 W. FORSYTH ST.
SUITE 600
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, LORRAINE	12 NAME		
STREET ADDRESS	8400 BAYMEADOWS WAY., SUITE 3	13 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256	14 CITY - ST - ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MASHEK, EDWARD R	22 NAME		
STREET ADDRESS	8400 BAYMEADOWS WAY, SUITE 3	23 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256	24 CITY - ST - ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	KRAEMER, WALTER H	32 NAME		
STREET ADDRESS	8400 BAYMEADOWS WAY, SUITE 3	33 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256	34 CITY - ST - ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY - ST - ZIP		44 CITY - ST - ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY - ST - ZIP		54 CITY - ST - ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		64 CITY - ST - ZIP		

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)(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 added by an attachment with an address.

SIGNATURE: Walter Kraemer 4-12-95 904-738-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0000014 FP