

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). * Please

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90010 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000001239

1. Corporation Name

PARAGON BIOMEDICAL, INC.

Principal Place of Business

**2603 MAIN STREET
SUITE 850
IRVINE CA 92614**

Mailing Address

**2603 MAIN STREET
SUITE 850
IRVINE CA 92614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

33-0394968

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVPT** ☐ DELETE
NAME **REED, NICHOLAS R**
STREET ADDRESS **2603 MAIN STREET, STE 850**
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **DPS** ☐ DELETE
NAME **REED, GENA H**
STREET ADDRESS **2603 MAIN STREET, STE 850**
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **CFOT** ☐ DELETE
NAME **BOHN, ANNE L**
STREET ADDRESS **2603 MAIN ST., STE. 850**
CITY-ST-ZIP **IRVINE CA 92614**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/CEO/S** ☒ Change ☐ Addition
1.2 NAME **Reed, Nicholas R.**
1.3 STREET ADDRESS **2603 Main Street, Ste 850**
1.4 CITY-ST-ZIP **Irvine, CA 92614**

2.1 TITLE **D/P** ☒ Change ☐ Addition
2.2 NAME **Reed, Gena H.**
2.3 STREET ADDRESS **2603 Main Street, Ste 850**
2.4 CITY-ST-ZIP **Irvine, CA 92614**

3.1 TITLE **D/CFOT** ☒ Change ☐ Addition
3.2 NAME **Bohn, Anne L.**
3.3 STREET ADDRESS **2603 Main Street, Ste 850**
3.4 CITY-ST-ZIP **Irvine, CA 92614**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Chief Financial Officer

8/6/99

949.224

2835

CR2E034 (5/99)

0121327



August 6, 1999

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attention: Sean Toner

Gentlemen:

I have been in contact with your office regarding the fact that Paragon Biomedical, Inc. has received a Second Notice regarding the filing of our Annual Report without having received the First Notice. Therefore, I have been instructed to write this letter to you and to pay a filing fee of \$150.00.

A duplicate copy of this renewal form is enclosed. We are requesting that you certify this copy and return it to us in the enclosed envelope.

Thank you very much for your assistance in this matter.

Sincerely yours,

A handwritten signature in cursive script that reads 'Pepper Gordin'.

Pepper Gordin
Finance Department

PG:pep