2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F97000006483 **DOCUMENT #** 1. Entity Name 04-28-2003 90294 031 ***150.00 QUICK-MED TECHNOLOGIES, INC. Principal Place of Business Mailing Address 401 NE 25TH TERRACE 401 NE 25TH TERRACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0797243 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEIN, SACHS 301 YAMATO RD BOCA RATON FL 33431 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 ☐ Addition TITLE Delete TITLE LERNER, DAVID NAME NAME 401 NE 25TH TERRACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE Granita, Michael GRENITO, MICHAEL NAME NAME STREET ADDRESS 30 E 37TH STREET STREET ADDRESS **NEW YORK NY 10016** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE SD _ Delete TITLE . KINCH, MICHAEL NAME STREET ADDRESS STREET ADDRESS 301 YAMATO RD **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE SCHULTZ, GREGORY NAME NAME 1600 SW ARCHER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32610 CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE CERJAN, PAUL NAME NAME 3524 OLD COURSE LANE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with the filing does not qualify for the exemption etalled 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 have the same legal effect as if made under oath; that I am an officer or director lapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add ute this report as

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

ODEMAN, JERRY

17 AIKMAN DRIVE

BEDFORD MA 01730

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Olderman, Jerry

Daytime Phone #

☐ Addition