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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90253 022 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G73122

1. Corporation Name  
AARON MEDICAL INDUSTRIES, INC.

Principal Place of Business  
7100 30TH AVE N  
ST PETERSBURG FL 33710-2902  
US

Mailing Address  
7100 30TH AVE N  
ST PETERSBURG FL 33710-2902  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1983

4. FEI Number

59-2361305

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SARON, ROBERT J.  
9807 ASHLEY DR  
SEMINOLE FL 34642

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 PTD ☐ DELETE

NAME SARON, J. ROBERT

STREET ADDRESS 9807 ASHLEY DR

CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE

NAME BUTLER, F. PAUL

STREET ADDRESS 2004 KISER RD

CITY-ST-ZIP VALRICO FL

TITLE D ☐ DELETE

NAME MAKRIDES, ANDREW

STREET ADDRESS 7100 30TH AVE N

CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME POWELL, LOUIS-

STREET ADDRESS 1106 BRUID HARBOR OAKS

CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME CUNNINGHAM, DELTON N

STREET ADDRESS 7500 NORMANDY COURT

CITY-ST-ZIP SEMINOLE FL 34642

TITLE D ☐ DELETE

NAME CITRONOWICZ, MOSHE

STREET ADDRESS 2806 MEADOW HILL DR., N

CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/1/98)