

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G73122

1. Entity Name

AARON MEDICAL INDUSTRIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 7 AM 7:16

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



03082003

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2361305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARON, ROBERT J.
9807 ASHLEY DR
SEMINOLE, FL 34642

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SARON, J. ROBERT
9807 ASHLEY DR
SEMINOLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAKRIDES, ANDREW
7100 30TH AVE N
ST. PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CITRONOWICZ, MOSHE
2806 MEADOW HILL DR., N
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200037624972
06/03/04--01032--012 **550.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] ROBERT J SARON 5/19/04 7273842000

6/10/04