FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

L

09-09-1999 90003 025 ***150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 AM 8:34

DOCUMENT # 983542
Corporation Name

Laszlo Medical Inc.

Principal Place of Business	Mailing Address
4715 NW 157 St. Suite 212 Miami, FL 33014	4715 NW 157 St. Suite 212 Miami, FL 33014

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 01/31/1984	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-2877908	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip / Country 29 30	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

9. Name and Address of Current Registered Agent

~~Fazekas, Laszlo~~ MARK MIRKIN
~~4715 NW 157 St.~~ 1700 Palm Beach Lakes Blvd
~~Miami, FL 33014~~ Suite 520
W. Palm Bch, FL 33401

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

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.

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

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE P Fazekas, Laszlo 4715 NW 157 St. Miami, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/98)

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.

NATURE: See attached for Signature AM
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

30-APR-1999 20:51 SURGICAL TECHNOLOGIES

Apr-30-99 02:15P Surgi-Tech P.01

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 983542

Laszlo Medical Inc.

4715 NW 167 St.
Suite 212
Miami, FL 33014

Mailing Address
4715 NW 167 St.
Suite 212
Miami, FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1984

4. FEI Number: 59-2379108

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

7. This Organization owns the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent:

~~Fazekas, Laszlo~~ MARK MIRKIN
~~4915 NW 167 St.~~ 1700 Palm Beach Lakes Blvd.
~~Miami, FL 33014~~ Suite 580
W. Palm Bch, FL 33401

10. Name and Address of New Registered Agent:

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 and agree to comply with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS

P
Fazekas, Laszlo
4715 NW 167 St.
Miami, FL

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

CR2E034 (1-96)

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: L. Fazekas Laszlo Fazekas 30/04/99 305/623-0363

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

TOTAL P.01