FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45405** **(4)**

1. Current Name
TRI-SURGICAL, INC.

Principal Office Address
1181 ORANGE AVENUE
WINTER PARK FL 32789

Mailing Address
1181 ORANGE AVENUE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1986
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2758367 — 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 has liability for intangible tax under S. 199 Ch. Florida Statutes: X Yes ☐ No

2. Principal Office Address
21 Suite, Apt. # or Rm.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. # or Rm.
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent
MILLER, GENE C. M
1181 ORANGE AVENUE
WINTER PARK FL 32789

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 Section 607.0505, 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 duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, GENE
STREET ADDRESS	1181 ORANGE AVENUE
CITY, ST, ZIP	WINTER PARK FL
TITLE	D
NAME	BARR, LOUIS H. M
STREET ADDRESS	1181 ORANGE AVENUE
CITY, ST, ZIP	WINTER PARK FL
TITLE	D
NAME	THIELER, WILLIAM A. M
STREET ADDRESS	1181 ORANGE AVENUE
CITY, ST, ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is substantially typewritten and does not exceed, for the corporation stated in Section 607.0505, Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and correct and that the separate statement of the principal office address and mailing address of the corporation is the same as the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above (if applicable) or on an attached sheet with an indication

SIGNATURE: [signature] 4-27-95 407-647-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
GENE C. MILLER, M.D

0046506 CP