FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Corporate Name

TRI-SURGICAL, INC.

Principal Place of Business

1181 ORANGE AVENUE
WINTER PARK FL 32789

Mailing Address

1181 ORANGE AVENUE
WINTER PARK FL 32789

2. Principal Place of Business
21
22
23
24 County 25

2a. Mailing Address
26
Suite Apt. Unit
27
City & State
28
Zip County
29 30

3. Date Incorporated or Qualified: **12/02/1986**

3a. Date of Last Report: **05/01/1995**

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. Does Corporation Qualify for Interpretive Tax Under S. 1901.0.2, Florida Statutes? ☒ Yes ☐ No

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 Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. [illegible] Florida Statutes, [illegible] current corporation submit the statement for the purpose of changing its registered office [illegible] Florida. [illegible] the corporation's board of directors. I hereby accept the appointment as registered agent. I am [illegible] Florida Statutes.

12. OFFICERS AND DIRECTORS

DP
MILLER, GENE
1181 ORANGE AVENUE
WINTER PARK FL
☐ Delete

D
BARR, LOUIS H. M
1181 ORANGE AVENUE
WINTER PARK FL
☐ Delete

D
THIELER, WILLIAM A. M
1181 ORANGE AVENUE
WINTER PARK FL
☐ Delete

☐ Delete

☐ Delete

☐ Delete

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

Title
Name
Street Address
City, State, Zip
☐ Change ☐ Addition

14. [illegible] does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further [illegible] true and accurate and that my signature shall have the same legal effect as if made under [illegible] pursuant to section 119.07 of the report as required by Chapter 607, Florida Statutes, and that my name [illegible]

SIGNATURE: [signature] 1-27-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)