FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # K13378 (0)

95 MAY -1 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ADVANCED BIO-MEDICAL CORPORATION

Principal Place of Business	Mailing Address
606 NW 103 TERR SUITE B-2 GAINESVILLE FL 32607	606 NW 103RD TERRACE SUITE B-2 GAINESVILLE FL 32607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 606 NW 103RD TERR
22: Suite, Apt. #, etc.
23: City & State: Gainesville, FL
24: Zip: 32607
25: Country: Alachua

2a. Mailing Address
26: 606 NW 103RD TERR
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2872147 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROARK, SHARON LAVON
606 N.W. 103RD TERRACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Roark, Dewayne Byron
82 Street Address (P.O. Box Number is Not Acceptable): 606 N.W. 103RD Terrace
83:
84 City: Gainesville FL 85 Zip Code: 32607

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: Dewayne Roark — Dewayne Roark — 4-27-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition: P
NAME	ROARK, SHARON LAVON	1.2 NAME	Roark, Dewayne B
STREET ADDRESS	606 NW 103 TERRACE	1.3 STREET ADDRESS	606 NW 103 Terrace
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dewayne Roark — Dewayne Roark — 4-27-95 — 904-332-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031448 CP