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
95 JUL 10 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32651 (7)

1. Corporation Name

WINTON SURGICAL, INC.

300001533783
-07/10/95--01081--001
***9225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SOUTHEAST 2ND STREET, SUITE 3000~~ ~~MIAMI FL 33131~~ ~~US~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SOUTHEAST 2ND ST., SUITE 3000~~ ~~MIAMI FL 33131~~ ~~US~~

3. Date Incorporated or Qualified: 09/08/1988	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0070043	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	

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33133 · Country 25 U.S.	Zip 29 33133 · Country 30 U.S.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FLORIDA REGISTERED AGENTS INC~~ ~~100 S E 2ST #300~~ ~~100 S.E. 2ND ST., 20TH FLOOR~~ ~~MIAMI FL 33131~~	61 Name: A Z Registered Agent Corporation 62 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive 63 Suite 1600 64 City: Miami · FL · 65 Zip Code: 33133

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.

A Z REGISTERED AGENT CORPORATION

SIGNATURE By: Justin T. Wilson
Justin T. Wilson, Secretary

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, WINTON	1 2 NAME	
STREET ADDRESS	3801 N E 207 ST APT 1702 TOWER I	1 3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL	1 4 CITY - ST - ZIP	
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: Lawrence Winton — 5-19-95 — LW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

LAWRENCE WINTON

0127020 CP