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 # **K54306** **(1)**

1. Corporation Name

STAT MEDICAL DEVICES, INC.

Principal Place of Business	Mailing Address
1841 NE 146 ST NORTH MIAMI FL 33181 US	1841 NE 146 ST NORTH MIAMI FL 33181 US

3. Date Incorporated or Qualified: **12/19/1988**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business
21
Sec. Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Sec. Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **65-0120737** | 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. Has corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAMES, DEBORAH S.
1841 NE 146 ST
NORTH MIAMI FL 33181

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 607.1403 and 617.1403, 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 acknowledge that I am familiar with and accept the obligations of the position as registered agent. I am familiar with and accept the duties and responsibilities as registered agent.

SIGNATURE: Abraham W. Chames DATE: 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	CHAMES, ABRAHAM W.	
STREET ADDRESS	1761 NE 162 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TPD	☐ DELETE
NAME	SCHRAGA, STEVEN	
STREET ADDRESS	1130 N.E. 179TH ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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-02/16/96--01107--010
**208.75

14. 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.

SIGNATURE: Abraham W. Chames ABRAHAM W. CHAMES 1/30/96 (305)949-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone

CR2E034 (12/95)