CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90130 037 ***158.75

DOCUMENT # **K85829** Corporation Name AMITY MEDICAL CORPORATION Principal Place of Business Mailing Address 3305 N.W. 7TH STREET 3305 N.W. 7TH STREET MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/05/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principa Place of Business 65-0116581 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Country Courtry Zip 8. This corporation owes the current year intangible Zip I Z No ☐ Yes 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAMEJO, EMILIO 82 Street Acdress (P.O. Box Number is Not Acceptable) 3305 NW 7TH ST MIAMI FL 33125 83 84 City Zip Code 11. Pursuant to the provisions of Sc ctions 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 bo h, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT:: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition ☐ Change DELETE TITLE 1.1 TITLE CAMEJO, EMILIO 1.2 NAME NAME 3305 NW 7TH STREET 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami fl 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE CAMEJO, ISABEL R. 2.2 NAME NAME 3305 NW 7TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRE 33 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE

14. Thereby 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 this 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 promain attachment with an address, with a lother like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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