

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90170 030 \*\*\*150.00

DOCUMENT # L19230

1. Corporation Name  
MEDICAL INDUSTRIES OF AMERICA, INC.

Principal Place of Business  
1903 S CONGRESS AVE #400  
BOYNTON BCH FL 33426  
US

Mailing Address  
1903 S CONGRESS AVE #400  
BOYNTON BCH FL 33426  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/29/1989

4. FEI Number  
65-0158479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name  
E. Nicholas Davis, III

82 Street Address (P.O. Box Number is Not Acceptable)  
1903 S. Congress Avenue, Suite 400

83 Suite 400

84 City Boynton Beach FL 85 Zip Code 33426

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 *E. Nicholas Davis, III* E. Nicholas Davis, III

4/28/99

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
MORRELL, MICHAEL F  
1903 S CONGRESS AVE SUITE 400  
BOYNTON BCH FL 33426

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
Louis R. Capece  
1903 S. Congress Avenue, Suite 400  
Boynton Beach, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ORLANDO, TED  
1903 S CONGRESS AVE SUITE 400  
BOYNTON BCH FL 33426

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
Dana J. Pusateri  
1903 S. Congress Avenue, Suite 400  
Boynton Beach, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
MOORE, LINDA  
1903 S CONGRESS AVE SUITE 400  
BOYNTON BCH FL 33426

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
V  
E. Nicholas Davis, III  
1903 S. Congress Avenue, Suite 400  
Boynton Beach, FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P D  
PERSHES, PAUL  
1903 S CONGRESS AVE, SUITE 400  
BOYNTON BCH FL 33426

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
KOBIRIN, ARTHUR  
1903 S. CONGRESS AVE, SUITE 400  
BOYNTON BEACH FL 33426

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARBER, GLEN E  
1903 S CONGRESS AVE, SUITE 400  
BOYNTON BCH FL 33426

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *E. Nicholas Davis, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (561) 737-2227  
Date Daytime Phone #

CR2E034 (1/98)