Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81282

1. Entity Name

Q-MED CORPORATION

FILED

03 JUL 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3801 SW 30th Ave	3801 SW 30th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205843 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Angelo, Barry & Boldt, PA

Street Address (P.O. Box Number is Not Acceptable)

515 East Las Olas Boulevard, Suite 850

City: Fort Lauderdale **FL** Zip Code: 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

January 1, May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	Rodriguez, J. Carlos
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	CP
NAME	Aguero, Manuel E.
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	VP
NAME	Martin, Michael R.
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	VP
NAME	Eustis, Erik
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	VP
NAME	Zink, Floyd
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	TS
NAME	Bellon, Antonio
STREET ADDRESS	3801 SW 30th Ave
CITY-ST-ZIP	Fort Lauderdale, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200021179115
07/25/03--01061--047 **61.25

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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all fields completed.

SIGNATURE: _____ 7/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/14/03