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

Mailing Address

C/O ERIC P. SUKOVICH

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M86108

1. Corporation Name

Principal Place of Business

C/O ERIC P. SUKOVICH

EPS MEDICAL, INC.

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

04-27-1999 90086 030 ***150.00



| P O BOX 7287 | | P O BOX 7287 SEMINOLE FL 33775 | | | DO NOT WRITE IN THIS SP | PACE | |
|--------------------------------|---|-----------------------------------|---------------------|------------------|--|---------------|---------------|
| SEMINOLE FL 33775 US | | US | | | 3. Date Incorporated or Qualifed 06/14/1988 | | |
| 9 Principal Pi | lane of Business | 2a. Mailing Address | | | 4. FEI Number | I A | ppl ed For |
| 2. Principal Place of Business | | - | | | 59-2904024 | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | Additional |
| | | <u> </u> | 27 | | 5. Certificate of Status Desired | | equired |
| City & State | | | City & State | | 6. Election Campaign Financing | \$5.00 | Nay Be |
| | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Countr | , | 8. This corporation owes the current year Intang | | |
| | 25 | 29 | 30 | | 1 1 1 | Yes | []No |
| 24 | 9. Name and Address of Currer | | _[30] | - | 10. Name and Address of New Registered Ag | ent | |
| | 5. Name and Add do by Gario | | 81 | Name | | | |
| SUK | OVICH, ERIC P. | | | | | | _ |
| 1124 | 7 115TH ST. NORTH | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | INOLE FL 34648 | | 83 | - | | | |
| | | | " | 1 | | | |
| | | | 84 | City | FL | 85 Zip | Code |
| | | | | <u> </u> | , (| anaina iti | o samintared |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | o Florida. Such change was | authorized by | the corpor | corporation submits this statement for the purpose of charaction's board of cirectors. I hereby accept the appointment | nent as re | egistered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed haine of registered age | | TI:: Registered Age | nt signature rec | quired when reinstating) DATE | | |
| 12. | | NE DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | DP | ☐ DELETE | 11 TITLE | [] | | Change | ☐ Addition |
| NAME | Sukovich, Eric P. | | 1.2 NAME | | 3 Kovich, ERIC Tillian | | l |
| STREET ADDRESS | 11247 115TH ST. NORTH | | 1.3 STREE | TADDRESS | 6077 113th St N #600 | | |
| CITY-ST-ZIP | SEMINOLE FL | | 1.4 CITY- | ST-21P | 30 Konich, ERIC 7. 6077 113th St N #602 SanitoE, FL 33772 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | | | 2.2 NAME | İ | | | l |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | = | | TADDRESS | | | ~ |
| | | | 3.4. CITY- | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | VLII | | Change | Addition |
| | | | 4. 2 NAME | | | _ | _ |
| NAME | | | | T ADDRESS | | | |
| STREET ADDRESS | | | | - 1 | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY- | 51~ZIP | | Change | Addition |
| TITLE | | Ŭ OFTEIE | 52 NAME | | | | |
| NAME | 1 | | | T ADDRESS | | | |
| STREET ADDRESS | | | 1 | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | SI-ZIP | <u> </u> | ¬~ | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | L | Change | ☐ Addition |
| NAME | | | 6.2 NAME | ļ | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| | l | | 64 CITY | ST. 7IP | | | |

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 rocei perfor trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block I2 or Block 13 if changed, or or an attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)