2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM DOCUMENT # P00000021930 **Secretary of State** 1. Entity Name SUN MICRO MEDICAL TECHNOLOGIES CORP. Principal Place of Business Mailing Address 267 HARBOR BOULEVARD 267 HARBOR BOULEVARD PT. CHARLOTTE FL 33954 PT. CHARLOTTE FL 33954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1120743 Not Applicable Zıp Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOLE, MARK H Street Address (P.O. Box Number is Not Acceptable) 267 HARBOR BOULEVARD PT. CHARLOTTE FL 33954 City Zip Code 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRES TITLE ☐ Delete TITLE Change ☐ Addition MARK, KOLE H NAME NAME U00000062524 STREET ADDRESS STREET ADDRESS 267 HARBOR BLVD 02/23/04-80124-017 150.00 CITY-ST-ZIP PORT CHARLOTTE FL 33954 CITY - ST - ZIP V.P TITLE ☐ Delete TITLE ☐ Addition NAME KOLE, DIANE L NAME STREET ADDRESS 267 HARBOR BLVD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33954 CITY-ST-ZIP TITLE ☐ Defete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nn e Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Date

Daytime Phone #