2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000000855

1. Entity Name
AMERICAN SYRINGE COMPANY, INC.

Principal Place of Business	Mailing Address
1200 BRICKELL AVE., STE. 1480 MIAMI, FL 33131	1200 BRICKELL AVE., STE. 1480 MIAMI, FL 33131

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0731293
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARVIN, DAVID M
1200 BRICKELL AVE., STE. 1480
MIAMI, FL 33131

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARVIN, DAVID M
STREET ADDRESS	1200 BRICKELL AVE STE 1480
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	GORDON, DENNIS J
STREET ADDRESS	6741 W SUNRISE BLVD STE 8
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	T
NAME	COUVERTIER, DOUGLAS
STREET ADDRESS	1430 MEADOWS BLVD.
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	PEPPER, DAVID
STREET ADDRESS	P.O. BOX 350106
CITY-ST-ZIP	JACKSONVILLE, FL 32235
TITLE	D
NAME	IRIBAR, MANUEL
STREET ADDRESS	2216 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	STAUBER, MARSHALL
STREET ADDRESS	4310 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021

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04/06/05-80012-007 150.00

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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.

SIGNATURE: _____ 2-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305 371 8166