2003 FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBB)

	003 FOR PROFI IFORM BUSINE			R)	FILE May 12, 20	03 8:00 am 🖁	0016714
DOCUMENT # P0200000855 1. Entity Name AMERICAN SYRINGE COMPANY, INC.					Secretary of State		₽
			1				
Principal Plac 1200 BRICKE MIAMI FL 33	LL AVE., STE, 1480	Mailing Address 1200 BRICKELL AVE ST MIAMI FL 33131	E. 1480			ANN DANK BANKA AND AND BANK BANK KAN	
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	NG CHANGES	
City & State	е	City & State			4. FEI Number 76 - 0731293	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	tegistered Agent	Name		7. Name and Address of New Registere	d Agent	
GARVIN, DAVID M			Street Address (P.O. Box Number is Not Acceptable)				
1200 BRICKELL AVE., STE. 1480			ottoti vadiosa (i.e. sox tamos o rati vadopasis)				
MIAMI FL	. 33131	_	City			I Zip Code	
	1/4/)			F	<u> </u>	
	named entity submits this statement for one of registered age.	the purpose of changing its	registered office	or registered	agent, or both, in the State of Florida. Lar	n familiar with, and accept	
SIGNATURE .	Whin Ille (an				58-03		
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent sign	ature required wh	pen reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.90 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 11	
TITLE	DPS	☐ Delete	TITLE	Direc	tor, President	Change Addition 20/01	
NAME STREET ADDRESS	: (200 011101122271721, 0101 1100		NAME STREET ADDRESS	1700	in, David M. Brickell Ave., STE. 1480	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		1, FL 33131 +any	Change XAddition €	
TITLE NAME		☐ Delete	TITLE NAME		on, Dennis J. W sunrice Blvd., SE	☐ Change 🔀 Addition 👸	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-	w sunrice Blvd., SPE atton, FL 33313	8	
TITLE		□ Delete	TITLE	Treas	urer	☐ Change	
NAME			NAME		erher, oouglas		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		Pineriage Court		
TITLE		Delete	TITLE	Direc		☐ Change ☐ ddition	
NAME		Doloto	NAME	People	er, David		
STREET ADDRESS			STREET ADDRESS		30x 350106		
CITY-ST-ZIP	<u> </u>	Delete	CITY-ST-ZIP	Direct	sonville, Florida 3	Change Addition	
titlé . Name		□ Delete	NAME	_	ar, Manuel		
STREET ADDRESS		•	STREET ADDRESS		Hollywood Blud.	,	
CITY-ST-ZIP			CITY-ST-ZIP	Holly	wood, FL 33020	Chart Chart	
TITLE NAME		☐ Delete	TITLE NAME		lber, Marshall	☐ Change	
STREET ADDRESS	•		STREET ADDRESS	4310	sheridan Street		
CITY-ST-7IP			CITY_ST_ZIP	HO II.	and (1 22011	('	1

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 by execute his 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 applications of the corporation of the receiver or trustee empowered.

SIGNATURE: