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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27862 (2)

1. Corporation Name
LAKE MEDICAL PRODUCTS, INC.

Principal Place of Business
11445 MOOG DR.
ST. LOUIS MO 63146

Mailing Address
P.O BOX 46410
ST. LOUIS MO 63146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1990	3a. Date of Last Report: 05/09/1994
4. FEI Number: 43-1465051	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	TITLE	S ☒ Change ☐ Addition
NAME	KLEARMAN, ALLAN	NAME	KLEARMAN, JEFFREY
STREET ADDRESS	15 TERRY HILL	STREET ADDRESS	#2 FRONTENAC
CITY-ST-ZIP	CREVE COEUR MO	CITY-ST-ZIP	FRONTENAC, MO 63131
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	ELKINS, MADELINE	NAME	
STREET ADDRESS	2416 CLAYMOOR	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	CITY-ST-ZIP	
TITLE	PT	TITLE	☐ Change ☐ Addition
NAME	KLEARMAN, JEFFREY	NAME	
STREET ADDRESS	#2 FRONTENAC	STREET ADDRESS	
CITY-ST-ZIP	FRONTENAC MO 63131	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Madeline Elkins 5/1/95 (314) 997-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400075 FP