SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P30442** **(8)**

1. Corporation Name
HYDRON HEALTHCARE, INC.

Principal Place of Business
941 CLINT MOORE ROAD
BOCA RATON FL 33487

Mailing Address
941 CLINT MOORE ROAD
BOCA RATON FL 33487

3. Date Incorporated or Qualified: **08/07/1990**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business
21 1001 Yamato Rd.
Suite, Apt #, etc
22 Suite 403
City & State
23
Zip 24 33431
Country 25

2a. Mailing Address
26 1001 Yamato Rd.
Suite, Apt #, etc
27 Suite 403
City & State
28
Zip 29 33431
Country 30

4. FEI Number: **65-0202965** 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

9. Name and Address of Current Registered Agent
PRASAD, CHAUDHURY M
HYDRON TECHNOLOGIES INC
941 CLINT MOORE RD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1001 Yamato Rd.
83 Suite 403
84 City **FL** 85 Zip Code 33431

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
Signature: Type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required whenever change) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	TAUMAN, HARVEY	
STREET ADDRESS	941 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	TAUMAN, ILENE	
STREET ADDRESS	941 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	☐ DELETE
NAME	PRASAD, CHAUDHURY	
STREET ADDRESS	941 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	LEB, SAMUEL M., M.D.	
STREET ADDRESS	941 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	FIUR, FRANK	
STREET ADDRESS	941 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1001 Yamato Rd #403	
1.4 CITY-ST-ZIP	Boca Raton FL 33431	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1001 Yamato Rd #403	
2.4 CITY-ST-ZIP	Boca Raton FL 33431	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1001 Yamato Rd #403	
3.4 CITY-ST-ZIP	Boca Raton FL 33431	
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1001 Yamato Rd #403	
4.4 CITY-ST-ZIP	Boca Raton FL 33431	
5.1 TITLE		☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	1001 Yamato Rd #403	
5.4 CITY-ST-ZIP	Boca Raton FL 33431	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey Tauman President — 6-14-96 — 561-994-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harvey Tauman, President