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	Mailing Address
941 CLINT MOORE ROAD **BOCA RATON FL 33487**	**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.
22 Suite, Apt. #, etc: Suite 403
23 City & State:
24 Zip: 33431 25 Country:

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

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 new registered agent, and title if applicable) (Note: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	TAUMAN, HARVEY		12 NAME		
STREET ADDRESS	941 CLINT MOORE ROAD		13 STREET ADDRESS	1001 Yamato Rd #403	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	V	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	TAUMAN, ILENE		22 NAME		
STREET ADDRESS	941 CLINT MOORE ROAD		23 STREET ADDRESS	1001 Yamato Rd #403	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	VSD	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	PRASAD, CHAUDHURY		32 NAME		
STREET ADDRESS	941 CLINT MOORE ROAD		33 STREET ADDRESS	1001 Yamato Rd #403	
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	D	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	LEB, SAMUEL M., M.D.		42 NAME		
STREET ADDRESS	941 CLINT MOORE ROAD		43 STREET ADDRESS	1001 Yamato Rd #403	
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	D	☐ DELETE	51 TITLE		☑ Change ☐ Addition
NAME	FIUR, FRANK		52 NAME		
STREET ADDRESS	941 CLINT MOORE ROAD		53 STREET ADDRESS	1001 Yamato Rd #403	
CITY-ST-ZIP	BOCA RATON FL		54 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(i), 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