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

APPROVED AND FILED
95 MAY -1 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38123** **(6)**

1. Corporation Name
DOBI-SYMPLEX, INC.

Principal Place of Business	Mailing Address
DOBI-SYMPLEX 2360 CLARK ST. APOPKA FL 32703 US	7700 OLD GEORGETOWN RD BETHESDA MD 20814 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	52-1770022	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	MANGANIELLO, RONALD J.	1.2 NAME		
STREET ADDRESS	107 CHERRY STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SABEL, IVAN R.	2.2 NAME	Hellmuth, James G.	
STREET ADDRESS	8200 WISCONSIN AVE.	2.3 STREET ADDRESS	1105 Park Avenue	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	New York, NY	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, RICHARD A.	3.2 NAME		
STREET ADDRESS	8200 WISCONSIN AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MCNERNEY, WALTER J	4.2 NAME	McCulloch, William L.	
STREET ADDRESS	2001 SHERIDAN RD., LEVERONE HALL, 3-080	4.3 STREET ADDRESS	528 Fort William Parkway	
CITY-ST-ZIP	EVANSTON IL	4.4 CITY-ST-ZIP	Alexandria, VA 22304	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CASSIDY, B. M	5.2 NAME	Blutt, Mitchell MD	
STREET ADDRESS	270 PARK AVE., 5TH FLOOR	5.3 STREET ADDRESS	270 Park Avenue, 5th Floor	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10017-2070	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	COOPER, THOMAS P MD	6.2 NAME	Glaser, Robert MD	
STREET ADDRESS	7855 IVANHOE, STE. 200	6.3 STREET ADDRESS	525 Middlefield Road, Suite 180	
CITY-ST-ZIP	LAJOLLA CA	6.4 CITY-ST-ZIP	Menlo Park, CA 94025	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

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

0474481 FP