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 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000558 (5)**

1. Corporation Name

MEDICAL R & D, INC.

Principal Place of Business	Mailing Address
10174 NW 47 ST SUNRISE FL 33351 US	1890 N UNIVERSITY DR S-205 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1975 E. Sunrise Blvd.
Suite, Apt. #, etc.
22 Suite 802
City & State
23 Fort Lauderdale, FL
Zip 24 33304 Country 25 Broward

2a. Mailing Address
26 5114 Beechwood Road
Suite, Apt. #, etc.
27
City & State
28 Delray Beach, Florida
Zip 29 33484 Country 30 Palm Beach

4. FEI Number: 65-0380086 ☐ 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

THIRER, MARTIN
2717 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Misha I. Bartnovsky
82 Street Address (P.O. Box Number is Not Acceptable): 5114 Beechwood Road
83
84 City: Delray Beach FL 85 Zip Code: 33484

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: Misha Bartnovsky, Director — 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	XX Change ☐ Addition
NAME	BARTNOVSKY, MISHA	12 NAME	Bartnovsky, Misha	
STREET ADDRESS	3040 SW 23 ST	13 STREET ADDRESS	5114 Beechwood Road	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	14 CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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, or on an attachment with an address.

SIGNATURE: Misha I. Bartnovsky, Director — 4/28/95 — 407-495-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114418 CP