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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:24

DOCUMENT # P93000011804 (0)

1. Corporation Name
SUNSOURCE HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
535 LIPOA PKWY S110 KIHEI MAUI HI 96753 US	535 LIPOA PKWY S110 KIHEI MAUI HI 96753 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 11-2624263 (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	2a. Mailing Address
21	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

JOHN, ROBERT C
C/O NATURAL PRODUCTS PACKING CORP
7835-2 CENTRAL INDUSTRIAL DR
W PALM BCH FL 33404

10. Name and Address of New Registered Agent

81 Name: SOHN ROBERT C.
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83: SAME
84 City: SAME 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 _____ (Signature, typed or printed name of registered agent and the date above) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOHN, ROBERT C	1.2 NAME	
STREET ADDRESS	135 KAIMANU PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	KIHEI HI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SOHN, TINA	2.2 NAME	
STREET ADDRESS	135 KAIMANU PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIHEI HI	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LEFKOWITZ, MARION	3.2 NAME	
STREET ADDRESS	~~1633 HALAMA ST~~ 160 KAIMANU PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIHEI HI	3.4 CITY-ST-ZIP	
TITLE	TREASURER	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD H. BLATTMAN	4.2 NAME	
STREET ADDRESS	2578 MOLOLO PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KIHEI, HI 96753	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 added in connection with my address.

SIGNATURE: Marion Lefkowitz 1/7/95 808 874-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0402004 FN