# 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 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000012132 (5)

1. Corporation Name
SYNERGISTIC MEDICAL TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 305 VENICE AVENUE EAST<br>VENICE FL 34292 | 305 VENICE AVENUE EAST<br>VENICE FL 34292 |

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4407 Parkbreeze Ct
22 Suite, Apt. #, etc: 4407 Parkbreeze Ct
23 City & State: Orlando, FL
24 Zip: 32808
25 Country: USA.

2a. Mailing Address
26: 4407 Parkbreeze Ct
27 Suite, Apt. #, etc:
28 City & State: Orlando, FL
29 Zip: 32808
30 Country: USA.

4. FEI Number: 65-0395212 ☐ 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

CHRISTY, JAMES R
216 BAYSHORE CIRCLE
VENICE FL 34285

10. Name and Address of New Registered Agent

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: JAMES R. CHRISTY (Typed or printed name of registered agent and the date of execution) James R Christy (NOTE: Registered Agent signature required when mandatory) DATE: 4-4-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | President. No Change | ☐ Change ☐ Addition |
| NAME | CHRISTY, WILLIAM J | 12 NAME | | |
| STREET ADDRESS | 1324 SUNSET DRIVE | 13 STREET ADDRESS | | |
| CITY ST ZIP | VENICE FL 32789 | 14 CITY ST ZIP | | |
| TITLE | D | 21 TITLE | Vice Chair Sec/Treas No Change. | ☐ Change ☐ Addition |
| NAME | CHRISTY, JAMES R | 22 NAME | | |
| STREET ADDRESS | 216 BAYSHORE CIRCLE | 23 STREET ADDRESS | | |
| CITY ST ZIP | VENICE FL 34285 | 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/We 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 above, or on an attachment with an address.

SIGNATURE: James R Christy
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

April 4, 1995
DATE

401 2997366.
TELEPHONE NUMBER

0346201 CP