FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012132 (5)

1. Corporation Name
SYNERGISTIC MEDICAL TECHNOLOGIES, INC.

Principal Place of Business
4407 PARK BREEZE CT
ORLANDO FL 32808

Mailing Address
4407 PARK BREEZE CT
ORLANDO FL 32808

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21 1324 Sunset Dr.
Suite, Apt #, etc
22
City & State
23 Winter Park, FL
24 Zip 32789 25 Country USA

2a. Mailing Address
26 P O Box 2533
Suite, Apt. #, etc.
27 Winter Park
28 Florida
29 Zip 32790-2533 30 Country USA

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: William J. Christy
82 Street Address (P.O. Box Number is Not Acceptable): 1324 Sunset Dr.
83
84 City: Winter Park FL 85 Zip Code 32789

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable (If Registered Agent is not being changed) ... DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CHRISTY, WILLIAM J	
STREET ADDRESS	1324 SUNSET DRIVE	
CITY - ST - ZIP	VENICE FL 32789	
TITLE	DST	☐ DELETE
NAME	CHRISTY, JAMES R	
STREET ADDRESS	216 BAYSHORE CIRCLE	
CITY - ST - ZIP	VENICE FL 34285	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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)(k), 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: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ... Date ... Daytime Phone #