FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015139 (7) ✓

1. Corporation Name

HEALTHCARE MEDICAL PRODUCTS, INC.

400001480814
-05/09/95--01093--003
****200.00 ****200.00

Principal Place of Business

% MARVIN S CASSEL
175 NW FIRST AVE #2000 COURT HOUSE CENTER
MIAMI FL 33128-9965

Mailing Address

% MARVIN S CASSEL
175 NW FIRST AVE #2000 COURT HOUSE CENTER
MIAMI FL 33128-9965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993

3a. Date of Last Report: 07/12/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt #, etc. — 22

Suite, Apt #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0406012 — Applied For / Not Applied For

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

B & C CORPORATE SERVICES INC
175 NW FIRST AVE SUITE 2000
COURT HOUSE CENTER
MIAMI FL 33128-9965

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. The registered office and registered agent named herein have been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Name of Registered Agent (typed or printed) — Registered Agent Signature (required if registered agent is changing) — Date

12. OFFICERS AND DIRECTORS

PD
HOLT, NANCY
175 NW 1ST AVE., STE. 2000
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, 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 is listed in the filed with the agency.

SIGNATURE: Nancy Holt — NANCY HOLT - PRESIDENT — 4/28/95 — 305-371-9100

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number