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 10 PM 1:47

DOCUMENT # P93000019537 (8)

1. Corporation Name
VITECH MEDICAL, INC.

Principal Place of Business	Mailing Address
4506 LB MCLEOD RD STE F ORLANDO FL 32811	P O BOX 536576 ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3170915 ☐ 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	10. Name and Address of New Registered Agent
SIMSER, THOMAS A JR 390 N ORANGE AVE STE 600 ORLANDO FL 32802-1391	31 32 STEPHEN P. GRIGGS 33 4506 LB MCLEOD ROAD 34 SUITE F ORLANDO FL 32811

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: Stephen P Griggs 2/6/95
(Signature, typed or printed name of registered agent and title if applicable) (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	KENNEDY, WILLIAM P	1.2 NAME	DELETE	
STREET ADDRESS	4506 L.B. MCLEOD ROAD STE F	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN P	2.2 NAME	PRES/ASST SEC/DIR	
STREET ADDRESS	4506 L.B. MCLEOD ROAD STE F	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	WALKER, WILLIAM A II	3.2 NAME	DELETE	
STREET ADDRESS	250 PARK AVENUE SOUTH, 6TH FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	IRISH, REBECCA R.	4.2 NAME	SEC/TREAS/DIR	
STREET ADDRESS	4506 LB MCLEOD RD STE F	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD	5.2 NAME	DELETE	
STREET ADDRESS	P.O. BOX 6845 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32852	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	WEAVER, JACK T.	6.2 NAME	DELETE	
STREET ADDRESS	3120 CORRINE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	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 on an attachment with an address.

SIGNATURE: Rebecca R Irish 2/6/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0005667 CP