

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000023426 (8)

1. Corporation Name

ENDEAVOR MEDICAL, INC.



Principal Place of Business

Mailing Address

7000 BRYAN DAIRY RD.
#A-6
LARGO FL 34647
US

7000 BRYAN DAIRY RD.
#A-6
LARGO FL 34647
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1993

4. FEI Number

59-3159668

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

GREENLEAF, BARRY W
1818 NEBRASKA AVENUE NE
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name GREENLEAF, BARRY W.

82 Street Address (P.O. Box Number is Not Acceptable)
10160 SAILWINDS BLVD. S. #201

83

84 City LARGO

FL

85 Zip Code 33773

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

Barry W. Greenleaf, PRES BARRY W. GREENLEAF 1-6-98

Signature, type or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PTD
GREENLEAF, BARRY W
STREET ADDRESS 1818 NEBRASKA AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ DELETE

NAME VSD
GREENLEAF, KATIE
STREET ADDRESS 1818 NEBRASKA AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

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 10160 SAILWINDS BLVD S. #201
1.4 CITY-ST-ZIP LARGO, FL 33773

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 10160 SAILWINDS BLVD S. #201
2.4 CITY-ST-ZIP LARGO, FL 33773

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

14. I hereby certify that the information supplied with this filing 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: *Barry W. Greenleaf*, PRES BARRY W. GREENLEAF 1-6-98 8125464/110

CR2E034 (10/97)