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 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030658 (7)

1. Corporate Name

MERIT'S HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O JOHN P. MILLIGAN JR. 1500 COLONIAL BLVD. STE. 103 FORT MYERS FL 33907	C/O JOHN P. MILLIGAN JR. 1500 COLONIAL BLVD. STE. 103 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: 65-0419976 ☐ 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 F.S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD.
STE. 103
FORT MYERS FL 33907

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 607.0505 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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Office address, but not Registered Agent, any officer may sign) (Date)

12. OFFICER AND/OR DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS
01	D	☐ Change ☐ Addition
NAME	ANDERSON, NANCY J	
STREET ADDRESS	5205 SUNSET COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
02	D	☐ Change ☐ Addition
NAME	CHENG, LARRY M	
STREET ADDRESS	9, ROAD 36, TAICHUNG INDUSTRIAL PARK	
CITY-ST-ZIP	TAICHUNG TAIWAN R.O.C.	
03	D	☐ Change ☐ Addition
NAME	FANG-HO, KENNY R	
STREET ADDRESS	9, ROAD 36, TAICHUNG INDUSTRIAL PARK	
CITY-ST-ZIP	TAICHUNG TAIWAN R.O.C.	
04	D	☐ Change ☐ Addition
NAME	CHENG, KENNETH K	
STREET ADDRESS	9, ROAD 36, TAICHUNG INDUSTRIAL PARK	
CITY-ST-ZIP	TAICHUNG TAIWAN R.O.C.	
05		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
06		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.1622(2), Florida Statutes. I further certify 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 above, or on an attachment with an address.

SIGNATURE: Nancy J. Anderson Nancy J. Anderson V.P. 4 25 95 813-772-0579
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Area Code & Daytime Phone Number)

0321373 CP