

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90025 036 \*\*\*150.00

**DOCUMENT # P93000030658**

1. Entity Name  
**MERITS HEALTH PRODUCTS, INC.**

00019215



DO NOT WRITE IN THIS SPACE

Principal Place of Business 902 SE 9TH TERRACE CAPE CORAL FL 33990 US	Mailing Address C.O JOHN P. MILLIGAN JR. 1500 COLONIAL BLVD. STE. 103 FORT MYERS FL 33907-1025
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0419976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LARRY M. CHENG</b>
STREET ADDRESS	<b>9 ROAD 36, TAICHUNG INDUSTRIAL PARK</b>
CITY-ST-ZIP	<b>TAICHUNG TA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, WINSTON</b>
STREET ADDRESS	<b>5205 SUNSET COURT</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHENG, KENNETH K</b>
STREET ADDRESS	<b>9, ROAD 36, TAICHUNG INDUSTRIAL PARK</b>
CITY-ST-ZIP	<b>TAICHUNG TAIWAN R.O.C.</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. Milligan* **2-2-00** **941-772-0579**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)