SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000057846 (6)**

1. Corporation Name
ATLANTIC PRO MEDICAL, INC.

Principal Place of Business	Mailing Address
4350 W. SUNRISE BLVD. PLANTATION FL 33313 US	4350 W. SUNRISE BLVD. PLANTATION FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0435023 ☐ Applied For ☐ Not Applicable
21 4121 N.W. 5th st	26 4121 N.W. 5th st	
22 Suite, Apt. #, etc. Suite 215	27 Suite, Apt. #, etc. Suite 215	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State Plantation, Fl	28 City & State Plantation, Fl	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip 33317 25 Country Broward	29 Zip 33317 30 Country Broward	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIGNOTT, MARK A 3720 NW 73RD AVE FT LAUDERDALE FL 33319	81 Name: MARK MIGNOTT 82 Street Address (P.O. Box Number is Not Acceptable): 6505 Racquet Club Drive 83 84 City: Lauderhill FL 85 Zip Code: 33319

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 _____ (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 - ENTER AMENDMENT FOR DELETIONS)	
TITLE	D	11 TITLE	Director ☐ Change ☐ Addition
NAME	MIGNOTT, MARK A	12 NAME	Mark Mignott
STREET ADDRESS	4350 W. SUNRISE BLVD.	13 STREET ADDRESS	4121 NW 5th st
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Plantation, Fl
TITLE	D	21 TITLE	Director ☐ Change ☐ Addition
NAME	HYPPOLITE, IVAN	22 NAME	Ivan Hyppolite
STREET ADDRESS	4350 W. SUNRISE BLVD.	23 STREET ADDRESS	4121 N.W. 5th st
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	Plantation, Fl
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Ivan Hyppolite Secretary Ivan Hyppolite 07-26-95 (305) 584-3711
SIGNATURE(S) REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0074920 CP