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 MAR 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064577 (8)

1. Corporation Name
LIFE CARE MEDICAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
5536 CENTRAL AVE ST PETERSBURG FL 33710	5536 CENTRAL AVE ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21 c/o CORP. TAX DEPT.
22 Suite, Apt. #, etc. 8333 BRYAN DAIRY RD.
23 City & State LARGO, FL.
24 Zip 34647
25 Country

2a. Mailing Address
26 c/o CORP TAX DEPT.
27 Suite, Apt. #, etc. 8333 BRYAN DAIRY RD.
28 City & State LARGO, FL
29 Zip 34647
30 Country

4. FEI Number: 59-3201551 ☐ 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

9. Name and Address of Current Registered Agent

HAGAN, JOHN J
5536 CENTRAL AVE
ST PETERSBURG FL 33710

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	HAGAN, JOHN J	1.2 NAME	
STREET ADDRESS	5536 CENTRAL AVE	1.3 STREET ADDRESS	HAGAN, JOHN J.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647
TITLE		2.1 TITLE	D ☒ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	NEWMAN A. FRANCIS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647
TITLE		3.1 TITLE	DVS ☒ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	SANTO M. JAMES
CITY-ST-ZIP		3.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647
TITLE		4.1 TITLE	D ☒ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	TURLEY, STEWART
CITY-ST-ZIP		4.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647
TITLE		5.1 TITLE	VPT ☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	GLADYS Z. W. MARTIN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647
TITLE		6.1 TITLE	VP ☒ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	KELLY W. EDWARD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8333 BRYAN DAIRY RD. LARGO, FL. 34647

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: [signature] JAMES M. SANTO 813/399-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307884 CP