FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

CR2E034 (12/95)

DOCUMENT # P93000077362 (0)

1. Corporation Name
SOUTHEAST MEDICAL PRODUCTS GROUP, INC.

Principal Place of Business
~~5524 COMMERCE DR~~
~~ORLANDO FL 32839~~
5381 Hoffner Ave
Orlando, FL 32812

Mailing Address
~~5524 COMMERCE DR~~
~~ORLANDO FL 32839~~
5381 Hoffner Ave
Orlando, FL 32812

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 Country 25 | Zip 29 Country 30

3. Date Incorporated or Qualified: 07/14/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3254103 ☐ 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**

POOLE, WILLIAM F IV
644 W COLONIAL DR
ORLANDO FL 32804

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 [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FORD, JIM	
STREET ADDRESS	5524 COMMERCE DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	☐ DELETE
NAME	HALL, LARRY W JR.	
STREET ADDRESS	440 WEST GRANT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	DEARRIGOITIA, ERIC	
STREET ADDRESS	5381 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☐ DELETE
NAME	POOLE, FRED	
STREET ADDRESS	644 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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)(k), 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] 5-1-96 407-281-4562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #