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 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083032 (1)**

1. Corporation Name
MEDICAL MANUFACTURING AND DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
325 SOUTH GARDEN AVENUE CLEARWATER FL 34616	325 SOUTH GARDEN AVENUE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 310 ALEXANDRA WOODS DRIVE	26 310 ALEXANDRA WOODS DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DeBARY, FL	28 City & State: DeBARY, FL
24 Zip: 32713 25 Country: USA	29 Zip: 32713 30 Country: USA

4. FEI Number: 58-2087468 ☐ 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

GARLAND, MICHAEL
819 COPPERFIELD TERRACE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: MICHAEL J. GARLAND
82 Street Address (P.O. Box Number is Not Acceptable): 310 ALEXANDRA WOODS DRIVE
83
84 City: DeBARY FL 85 Zip Code: 32713

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: M Garland - Chairman CEO — 3/28/95
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 TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	PALLM, CHRISTOPHER J	12 NAME		
STREET ADDRESS	1005 26 STREET, NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	VE	21 TITLE		☐ Change ☐ Addition
NAME	PALAZZO, JOSEPH	22 NAME		
STREET ADDRESS	5506 PINE CIRCLE, N.E.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE		☐ Change ☐ Addition
NAME	VOIGT, BRADLEY	32 NAME		
STREET ADDRESS	7100 34 STREET, NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	CEO	41 TITLE		☒ Change ☐ Addition
NAME	GARLAND, MICHAEL	42 NAME		
STREET ADDRESS	819 COPPERFIELD TERRACE	43 STREET ADDRESS	310 ALEXANDRA WOODS DRIVE	
CITY-ST-ZIP	CASSELBERRY FL	44 CITY-ST-ZIP	DeBARY, FL 32713	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, MANUEL A	52 NAME		
STREET ADDRESS	4125 34 WAY SOUTH	53 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: M Garland M. J. GARLAND 3/28/95 407-834-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

084A01 CP