CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

95 JUN -1 AM 11:37

DOCUMENT # P94000007439 (0)

1. Corporation Name

BATTER UP OF TAMPA, INC.

Principal Place of Business	Mailing Address
8513 SUNSTATE TAMPA FL 33634	8513 SUNSTATE TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6424 AMBASSADOR	26 6424 AMBASSADOR DR
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 TAMPA, FL.	City & State 28 TAMPA, FL.
Zip 24 33615 Country 25 ~~HILLSB.~~	Zip 29 33615 Country 30

4. FEI Number 59-3223582 ☐ 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

KELLY, KAREN
~~8513 SUNSTATE~~
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: KAREN Kelly
82 Street Address (P.O. Box Number is Not Acceptable): 6424 AMBASSADOR DR.
83
84 City: TAMPA FL 85 Zip Code 33615

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

TITLE	Pres.
NAME	KAREN J. Kelly
STREET ADDRESS	6424 AMBASSADOR DR.
CITY ST ZIP	TAMPA, FL 33615
TITLE	V. Pres.
NAME	JAMES Kelly
STREET ADDRESS	6424 AMBASSADOR DR.
CITY ST ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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: KAREN KELLY Karen Kelly 5/8/95 813-885-7462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000317 CP

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

FILED

DOCUMENT # P94000008026 (4)

1. Corporation Name

MIRAMAR MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
13800 SW 8 STREET SUITE 217 MIAMI FL 33184	13800 SW 8 STREET SUITE 217 MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2742 S.W. 8 St.	26 2742 S.W. 8 St.
Suite, Apt. #, etc. 22 Suite 4	Suite, Apt. #, etc. 27 Suite 4
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip / Country 24 33135 / 25	Zip / Country 29 33135 / 30

4. FEI Number: 65-0460065 ☐ 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	10. Name and Address of New Registered Agent
DIAZ, ANA D 13800 SW 8 STREET SUITE 217 MIAMI FL 33184	81 Name: ROBERTO SUAREZ SALVAT 82 Street Address (P.O. Box Number is Not Acceptable) 83 3610 N.W. 15 St. 84 City: Miami, FL 85 Zip Code: 33125

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: Roberto Suarez Salvat — 5/17/95
(Typed or printed name of registered agent and title if corporation) (REQUIRED) Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/S ☒ Change ☐ Addition
NAME	DIAZ, ANA D	12 NAME	ROBERTO SUAREZ SALVAT
STREET ADDRESS	13800 SW 8 STREET SUTIE 217	13 STREET ADDRESS	3610 N.W. 15 St.
CITY ST ZIP	MIAMI FL 33184	14 CITY ST ZIP	Miami, Fl. 33125
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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	

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: Roberto Suarez Salvat — (305)649-7455
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

951317 CP