FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000010751 (3)
1. Corporation Name

BIOCARE MEDICAL, INC.

BIOCAL	IC MILDIOAL, ING.							
Principal Place of	Business	Mailing Address						
4506 L.B. MCLEOD ROAD P.O. BOX 53-6576 SUITE F ORLANDO FL 32853-6576			5576					
ORLANDO FL	32811				3. Date Incorporated or Qualified 01/26/1994	3a. Dat	te of Last Rep 02/10/199	95
2. Principal Place	e of Business	2a. Maling Address			4. FEI Number		├	pplied For at Applicable
1		26			59-3221396		\$8.75	
Suite, Apt #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	
City & State		Oity & State			6. Election Campaign Financing		\$5.00	
3		28			Trust Fund Contribution		Added t	
Zip	Country	Ζip	Country	•	This corporation has liability for florida Statutes	⊓ntangibie s ∏No	lax under 5	99.002,
4	25	29	30		10. Name and Address of New		d Agent	
	9. Name and Address of Curre	nt Hegistered Ayent	81	Name	10.			
00000	OTEDUEN D		82	Stroot Addr	ress (P.O. Box Number is Not Accepta	ible)		
GRIGGS, STEPHEN P. 4506 LB MCLEOD ROAD					Audiess (. O. Eowita			
SUITE F			83					
	DO FL 32811		84	City	FL 85 Zip Code			
_		a con con the di Chal d	on the above	pamed court	ration submits this statement for the p ard of directors. Thereby accept the ap	wassa of s	phonoring its re	gistered office
	synature, typed or printed name of registeres as	entaria tie d'apporazio (N. ND DIRECTORS	TE Pugistered Ap	ent signaturé require	ed which creditating ADDITIONS/CHANGES TO OF	EATE FICERS A	ND DIRECTOR	RS IN 12
12.	STD	☐ DELETE	1 1 11118				Change	Addit on
NAME	IRISH, REBECCA R.		1.2 NAME	1				
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CITY-ST-2IP	ORLANDO FL	DELETE	14 CITY 2 1 TITL				Change	Addition
TITLE	PASD GRIGGS, STEPHEN P.		2.2 NAM		4	<i>a</i> .	0	105
NAME	250 PARK AVE. S., 5TH	FLOOR		ET ADDRESS 4	1506 L.B. McLeod	Koac	v, Suc	7er
STREET ADDRESS OITY-ST-ZIP	WINTER PARK FL		2 4 011 Y	-ST-ZIF	1506 L.B. McLeod ORLANDO, FL	328	- [] Change	☐ Addition
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NAME			3.2 NAM					
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NAME				EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			4.4 CiT	r - \$1 - ZVP			Change	- Addition
TITLE		C DELETE	5 1 111	LE			☐ Change	☐ Addition
NAME			5.2 NAM					
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TITLE		Dotter	62 NA					
NAME OXDEET ADDRESS			1	EET ADORESS				
STREET ADDRESS						140.07:0:"	Florida Ct -t-	too I further
14 I do heret	Toy certify that the information supplies	eo with this fling is voluntarily fu	urnished and d	loes not qualif	ly for the exemption stated in Section urate and that my signature shall have	i 19.07(3)(k the same l	j, riunda Statt legal effect as	if made under

14. To hereby certify that the information supplies with this faing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes: I furner to have the same legal effect as if made under certify that the information indicated on the nanual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of susteen powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pragged, or on an attachment with an addition.

SIGNATURE:

TURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(401) 841-2115

CR2E034 (12/95