## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000010751 (3)

BIOCARE MEDICAL, INC. Principal Prace of Business Mailing Address P.O. BOX 53-6578 4506 L.B. MCLEOD ROAD ORLANDO FL 32853-6576 SUITE F ORLANDO FL 32811 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 01/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3221396 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žφ Country ZID Country This corporation has liability for intengible tax under s. 199.032 Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIGGS, STEPHEN P. 4506 LB MCLEOD ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE F 83 ORLANDO FL 32811 84 City 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: typical or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TITLE TOLE STD IRISH, REBECCA R. NAME 1.2 NAME 4506 L.B. MCLEOD ROAD, SUITE F 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-SI DELETE Change TITLE PASD 2.1 TITLE GRIGGS, STEPHEN P. 22 NAME NAME 4506 L.B. MCLEOD ROAD, SUITE F 23 STREET ADDRESS STREET ADORESS 328/ ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do nereby certify that the information supplied with this filing 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 efficer or director of the corporation or the receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE

City - S1 - ZIP

Daytime Phone #

FILED

Feb 19 1997 8:00am

Secretary of State