

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 MAR -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014662 (8)

1. Corporation Name

VENUS MEDICAL, INC.

Principal Place of Business

20505 U.S. 19 NORTH
SUITE 12-340
CLEARWATER FL 34624

Mailing Address

20505 U.S. 19 NORTH
SUITE 12-340
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

4. FEI Number

59-3227380

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

2. Principal Place of Business

21 35157 U.S. Highway 19 N.

2a. Mailing Address

27 35157 U.S. Highway 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL.

City & State

28 Palm Harbor, FL.

Zip

24 34684

Country

25 U.S.

Zip

29 34684

Country

30 U.S.

9. Name and Address of Current Registered Agent

LUH, MARIANNE
101 S. OLD COACHMAN RD.
#714
CLEARWATER FL 34625

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 of Registered Agent required when filing this statement)

(NOTE: Registered Agent signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME	Michael A. Howe III	
1.3 STREET ADDRESS	2120 W. Ina Ad. Suite 102	
1.4 CITY-ST-ZIP	Tucson, AZ, 85741	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reported on this annual report or supplementary 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Michael A. Howe III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

817-787-4884