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 -3 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022240 (3)

1. Corporation Name
BEECH MEDICAL PRODUCTS, INC.

Principal Place of Business
10700 76TH COURT NORTH
LARGO FL 34647

Mailing Address
10700 76TH COURT NORTH
LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 241 LACKLAND DRIVE
Suite, Apt. #, etc.: 22 MIDDLESEX NJ
City & State: 23 08846 MIDDLESEX
Zip: 24
Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

4. FEI Number: 593238453
☐ 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
PERRY, RICHARD H
10700 76TH COURT NORTH
LARGO FL 34647

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 printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BUTTERWORTH, ROBERT A	12 NAME	
STREET ADDRESS	10700 76 COURT NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PERRY, RICHARD H	22 NAME	
STREET ADDRESS	10700 76 COURT NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PERFETTO, DONALD J	32 NAME	
STREET ADDRESS	10700 76 COURT NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROMANO, JOHN	42 NAME	
STREET ADDRESS	16 SOUTH STATE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN PA 18940	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		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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 given on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee or other fiduciary 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: Donald Perfetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95
Date (MM/DD/YYYY)

0343440 CP