

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 11:49

DOCUMENT # P94000044996 (4)

1. Corporation Name

STERILE RECOVERIES, INC.

Principal Place of Business

28100 US HWY 19 N
SUITE 201
CLEARWATER FL 34621

Mailing Address

28100 US HWY 19 N
SUITE 201
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

4. FEI Number

59-3252632

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ISEL, RICHARD T
28100 U.S. HIGHWAY 19 NORTH
SUITE 201
CLEARWATER FL 34621

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ISEL, RICHARD T
STREET ADDRESS 3501 SHORELINE CIR
CITY-ST-ZIP PALM HARBOR FL 34684

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D ☒ Change ☐ Addition

12 NAME ISEL, RICHARD T.
13 STREET ADDRESS 3035 TURTLE BROOK
14 CITY-ST-ZIP CLEARWATER, FL 34621

21 TITLE V/D ☐ Change ☒ Addition

22 NAME WAYNE R. PETERSON
23 STREET ADDRESS 2779 CAMDEN RD.
24 CITY-ST-ZIP CLEARWATER, FL 34621

31 TITLE V/S/D ☐ Change ☒ Addition

32 NAME JAMES T. BOOSALES
33 STREET ADDRESS 13561 VERDE DR.
34 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 110.07(3)(a), 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 (Change), or on an attachment with an address.

SIGNATURE:

JAMES T. BOOSALES

6/9/95 (813) 726-4421