FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90023 025 ***558.75

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DOCUMENT # P94000044996

1. Corporation Name
STERILE RECOVERIES, INC.

Principal Place of Business	Mailing Address
28100 US HWY., 19 NORTH SUITE 201 CLEARWATER FL 33761	28100 US HWY., 19 NORTH SUITE 201 CLEARWATER FL 33761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/13/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3252632 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISEL, RICHARD T
28100 US HWY., 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ISEL, RICHARD T		1.2 NAME		
STREET ADDRESS	3035 TURTLEBROOK		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, WAYNE R		2.2 NAME		
STREET ADDRESS	2779 CAMDEN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOOSALES, JAMES T		3.2 NAME		
STREET ADDRESS	2145 GLENBROOK CLOSE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN JR BERTRAM T.		4.2 NAME		
STREET ADDRESS	2805 PARKLAND BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEMBERLING, LEE		5.2 NAME		
STREET ADDRESS	11500 47TH ST N		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EMANUEL, JAMES M		6.2 NAME		
STREET ADDRESS	120 14TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIRE BEACH FL 33786		6.4 CITY-ST-ZIP		

14. I hereby 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Redonna Rogers CONTROLLER REDONNA ROGERS 5/10/99 727-726-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)