FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059491 (8)**

1. Corporation Name

MEDICAL DEVICE DESIGNS, INC.

Principal Place of Business	Mailing Address
19337 US 19 N SUITE 206 CLEARWATER FL 34624 US	19337 US 19 N SUITE 206 CLEARWATER FL 34624 US

3. Date Incorporated or Qualified: **08/12/1994**

3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business
21: MEDICAL DEVICE DESIGNS, INC
Suite, Apt. #, etc.
22: 13101 56TH COURT SUITE 604
City & State
23: CLEARWATER FL
Zip
24: 34620
Country
25: US

2a. Mailing Address
26: ~~13101 56TH COURT~~ MN 1/23/96
Suite, Apt. #, etc.
27: ~~SUITE~~
City & State
28:
Zip
29:
Country
30:

4. FEI Number: **59-3261294** ☐ 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

FOX, GREGORY A
2380 DREW STREET
SUITE 3
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: MASON & ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable): 17757 US HWY 19 North, MANGROVE BAY
83: SUITE, 500
84 City: CLEARWATER FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] JOSEPH C. MASON, JR. [signature] 1/23/96
(Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, OWEN		1.2 NAME		
STREET ADDRESS	19337 US 19 N SUITE 206		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORCIA, MICHAEL A		2.2 NAME		
STREET ADDRESS	19337 US 19 N SUITE 206		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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.

SIGNATURE: [signature] MICHAEL A. NORCIA 1/23/96 813-556-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #