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 # P94000068215 (0)

1. Corporation Name

ASSOCIATED HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
2873 NE 35th St Ft. Lauderdale, FL 33306	2873 NE 35th ST Fort Lauderdale, FL 33306

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business	2a. Mailing Address
21 101 Bay Colony Dr	26 101 Bay Colony Dr
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 FT Lauderdale, FL	City & State 28 FT Lauderdale, FL
Zip / Country 24 33308 / 25 USA	Zip / Country 29 33308 / 30 USA

4. FEI Number: 65-0524087 ☐ 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	10. Name and Address of New Registered Agent
MICHAELSON, EDWARD D MD 2873 NE 35th Street FT Lauderdale, FL 33306	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 101 Bay Colony Dr 83 84 City: FT Lauderdale **FL** 85 Zip Code: 33308

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D MICHAELSON, EDWARD D MD 2873 NE 35th ST FT Lauderdale, FL 33306	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D MICHAELSON, EDWARD D MD 101 Bay Colony DR FT Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 400001887524 -07/09/96--01069--030 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 070996 DR

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)(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.

SIGNATURE: _____ 2/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #