RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $600 (IF PAID LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # **P94000074532 (0)**

1. Corporation Name

MEDICAL PRODUCT RESEARCH, INC.

Principal Place of Business	Mailing Address
3722 GLIN CIR TALLAHASSEE FL 32308	3722 GLIN CIR TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3839 NORTH MONROE ST.	2a. Mailing Address 26 3839 NORTH MONROE ST.	3. Date Incorporated or Qualified 10/11/1994	3a. Date of Last Report N/A
Suite, Apt. #, etc. 22 #10	Suite, Apt. #, etc. 27 #10	4. FEI Number 59-3276847	Applied For Not Applicable
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / County 24 32303 / 25 LEON	Zip / Country 29 32303 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		7. 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
KLEIN, JEFFREY G 2600 N MILITARY TRAIL SUITE 270 BOCA RATON FL 33431	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 of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, NOTES	
TITLE	D	11 TITLE	P/N ☒ Change ☐ Addition
NAME	HERBERT, ROLAND	12 NAME	HEBERT, ROLAND M.
STREET ADDRESS	3722 GLIN CIR	13 STREET ADDRESS	3839 N MONROE ST #10
CITY ST ZIP	TALLAHASSEE FL 32308	14 CITY ST ZIP	TALLAHASSEE, FL 32303
TITLE		21 TITLE	T/S ☐ Change ☒ Addition
NAME		22 NAME	HEBERT, KRIS T.
STREET ADDRESS		23 STREET ADDRESS	3839 N MONROE ST #10
CITY ST ZIP		24 CITY ST ZIP	TALLAHASSEE, FL 32303
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 above, or on an attachment with an address.

SIGNATURE: R M. H Roland M. Hebert 6/26/95 (904)562-8150
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #