FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:38

DOCUMENT # **P94000083678 (0)**

1. Corporation Name
QUIKMED, INC.

Principal Place of Business	Mailing Address
~~235 NORTH UNIVERSITY DRIVE~~ ~~PEMBROKE PINES FL 33024~~	~~235 NORTH UNIVERSITY DRIVE~~ ~~PEMBROKE PINES FL 33024~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/10/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2013 SW 31ST AVE	26 2013 SW 31st Ave
22 Suite, Apt. #, etc. 1	27 Suite, Apt. #, etc. 1
23 City & State PEMBROKE PARK FL	28 City & State Pembroke Park FL
24 Zip 33009 25 Country	29 Zip 33009 30 Country

4. FEI Number: 65-0532785 ☐ 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
UDELL, MICHAEL B 235 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~UDELL, MICHAEL B~~ ~~235 NORTH UNIVERSITY DRIVE~~ ~~PEMBROKE PINES FL 33024~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director/President Lawrence Siegel 2013 SW 31st Avenue Pembroke Park, Florida ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director/sec./Treas Daniel Kula 2013 S.W. 31st Avenue Pembroke Park, FL 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director/Vice Pres. Errol Kalish 2013 SW 31st Avenue Pembroke Park, Florida 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Lawrence Siegel 2-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence Siegel, President

0000763 CP