FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 324-25-C-15-2568

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 MAR 24 PM 1:22

DOCUMENT # P94000086296 (8)

1. Corporation Name
REDIMED, INC.

Principal Place of Business	Mailing Address
984 W. HWY. 434, STE. 282 LONGWOOD FL 32750	984 W. HWY. 434, STE. 282 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: N.A.

2. Principal Place of Business — 21: 984 W. SR. 434
2a. Mailing Address — 26: SAME
Suite, Apt. #, etc. — 22: 282 / 27:
City & State — 23: LONGWOOD FL / 28:
Zip — 24: 32750 / Country — 25: SEMINOLE / Zip — 29: / Country — 30:

4. FEI Number: 593288-178 ☐ 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

CHURBUCK, FREDERICK
984 W. HWY. 434, STE. 282
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: FRED CHURBUCK
82 Street Address (P.O. Box Number is Not Acceptable): 984 W SR 434
83: Suite 282
84 City: LONGWOOD FL 85 Zip Code: 32750

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: FRED CHURBUCK PRES. 3-15-95
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT / TREAS. ☐ Change ☐ Addition
NAME	CHURBUCK, FREDERICK	1.2 NAME	FRED CHURBUCK
STREET ADDRESS	984 W. HWY. 434, STE. 282	1.3 STREET ADDRESS	984 W. S.R. 434 Suite 282
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 asterisk.

SIGNATURE: [signature] 3-15-95
(Signature and Typed or Printed Name of Signing Officer or Director) Date (Daytime Phone #)
FRED CHURBUCK, PRES

0040000 CP