FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

P95000018984 (1)

SAJER MEDICAL INC.

FILED May 01 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address											
2101 N.E. 210TH ST. MIAMI FL 33179		2101 N.E. 210TH ST. MIAMI FL 33179									
2 Principal F	Place of Business	10-14%					Date Incorporated or Qualified 03/08/1995	3a. Date		Report Report	
21		2a. Mailing Address	h			4. FEI Number Applied For 65-0562574 Not Applied by				Applied For	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	_ 				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip		intry			This corporation has liability for i				
	9. Name and Address of Curr	29 ent Registered Agent	30	1			Florida Statutes Yes		 		
		on nagratorea Agent		81	Name	10.	Name and Address of New R	egistered A	lgent		
CORPO	DRATION SERVICE COMPANY										
	HAYS ST.			82	Street Add	dress (P.C). Box Number is Not Acceptab	le)			
	HASSEE FL 32301			83							
				84	Crty				8 5 Z	ip Code	
11. Pursuant or registe	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of Section 1.50	02 and 607,1508, Florida Statu rida, Such change was authori	ites, the abo	ve n	named corpor	oration su	bmilts this statement for the pur	FL pose of char	nging its	registered office	
familiar wi	ith, and accept the obligations of, Sei	ction 607.0505, Florida Statute	S.			310 OI GII (остога. Тиегеоу ассерт тие аррс	murnent as i	egistere	o agent. I am	
O'GIVE O'IL	Signature, typed or printed name of registered age	nt and trie if any licable. (N	OTE: Rog stered	Agent	signature require	ed when rein	S(aling)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		***************************************	A	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12	
TITLE	D	DELETE	1.1 II	īL E				*****] Change	Addition	
NAME	DAVIS, JAMES M		1.2 NA	ME							
STREET ADDRESS	2101 N.E. 210TH ST.				ADDRESS						
CITY - S1 - ZIP TITLE	MIAMI FL 33179	[] DELETE	1.4 CI		T - 71P						
NAME	1	DELETE	2 1 11						Change	Addition	
STREET ADDRESS			2.2 NA		*D00000						
CITY-ST-ZIP			2 4 CH		ADDRESS L. ZIR						
THTLE		DELETE	3 1 11						Change	Addition	
NAME			3.2 NA					L	i onanige		
STREE1 ADDRESS			33 ST	REET.	ADORESS					i	
CITY-ST-ZIP		145-146-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3 4 CI1	Y - \$1	- ZIP						
TITLE		DELETE	4. 1 Til	īlē.	1				Change	Addition	
NAME			4.2 NAI	ME							
STREET ADDRESS	İ		ľ		ADDRESS					İ	
CITY-ST-ZIP TITLE		C Driver	4.4 CIT		· Z;P						
NAME		☐ DELETE	5.1][[ļ				Change	Addition	
STREET ADDRESS			5 2 NA/		1000000						
CITY-ST-ZIP			•		ADDRESS					ĺ	
TITLE		DELETE	5.4 C/T 6 1 T/Y		- ZIP			F-1	Channe	Addition 1	
NAME			62 NAM					L	Change	☐ Addition	
STREET ADDRESS					DDRESS						
CITY-S1-ZIP			6 4 CIT								
14 Lda barab	A A A A A A A A A A A A A A A A A A A		0.01								

4. 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 altachment with an address.

SIGNATURE: X

James M Davis

APR 0 9 1996

305-933-2597 Daytme Phone #

Dete