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 # P95000019080 (7)

1. Corporation Name
SAFETY MEDICAL MARKETING, INC.

Principal Place of Business
15561 IONA LAKES DR.
FT. MYERS FL 33908

Mailing Address
15561 IONA LAKES DR.
FT. MYERS FL 33908

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report: —

2. Principal Place of Business
21 411 N. BRIGGS AVE
Suite, Apt. #, etc.
22 UNIT 403
City & State
23 SARASOTA, FL
Zip 24 34237
Country 25 U.S.A.

2a. Mailing Address
26 411 N. BRIGGS AVE
Suite, Apt. #, etc.
27 UNIT 403
City & State
28 SARASOTA, FL
Zip 29 34237
Country 30 U.S.A.

4. FEI Number: 65-0565203 — 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
MARTINEAU, WILLIAM J
15561 IONA LAKES DR.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name: MARTINEAU, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable): 411 N. BRIGGS AVE
83 UNIT 403
84 City: SARASOTA FL 85 Zip Code: 34237

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: WILLIAM J. MARTINEAU — DATE: 4-27-96
Signature, typed or printed name of signer, title or capacity, as appropriate (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEAU, WILLIAM J
STREET ADDRESS	15561 IONA LAKES DR.
CITY-ST-ZIP	FT. MYERS FL 33908
☐ DELETE	
TITLE	D
NAME	SCHRAMM, JOSEPH J
STREET ADDRESS	15561 IONA LAKES DR.
CITY-ST-ZIP	FT. MYERS FL 33908
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	411 N. BRIGGS AVE UNIT 403
1.4 CITY-ST-ZIP	SARASOTA, FL 34237
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 in an attachment with an address.

SIGNATURE: [signature] — 4-27-96 Date — (206) 824-0557 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)