FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90061 045 ***150.00

DOCUMENT # P95000025946 (1)

1. Corporation Name
DANCO MEDICAL, INC.

[redacted]

Principal Place of Business	Mailing Address
4070 GALLAGHER LOOP CASSELBERRY FL 32707	4070 GALLAGHER LOOP CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 2010 Citrus Cove Dr	26 P.O. Box 622733	59-3305999 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: Oviedo, FL	28 City & State: Oviedo, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 32765 25 Country	29 Zip: 32762 30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROCCO, DAVID E 450 BENTLEY STREET OVIEDO FL 32765	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '98	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Add
NAME	ROCCO, DAVID E		12 NAME	
STREET ADDRESS	450 BENTLEY STREET		13 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☒ Change ☐ Add
NAME	ROCCO, NANCY		22 NAME	
STREET ADDRESS	4070 GALLAGHER LOOP		23 STREET ADDRESS	2010 Citrus Cove Drive
CITY-ST-ZIP	CASSELBERRY FL 32707		24 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	STD	☐ DELETE	31 TITLE	☒ Change ☐ Add
NAME	ROCCO, ALFONSE		32 NAME	
STREET ADDRESS	4070 GALLAGHER LOOP		33 STREET ADDRESS	2010 Citrus Cove Drive
CITY-ST-ZIP	CASSELBERRY FL 32707		34 CITY-ST-ZIP	Oviedo, FL 32765
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: _____ DATE