

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90040 050 \*\*\*150.00

DOCUMENT # *P95000052496 OK*

1. Corporation Name

MIRIMEDICAL, INC.

Principal Place of Business

Mailing Address

7401 North University Drive  
Suite 105  
Tamarac, FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

July 3, 1995

4. FEI Number

65-0593536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Mishkin, Barbara J.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Ruden McClosky

83

200 East Broward Boulevard

84 City

Fort Lauderdale

FL

85 Zip Code  
33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☒ Change

☐ Addition

1.2 NAME

Mishkin, Gary J.

1.3 STREET ADDRESS

8716 Tuckerman Lane

1.4 CITY-ST-ZIP

Potomac, MD 20854

2.1 TITLE

S

☒ Change

☐ Addition

2.2 NAME

Mishkin, Barbara J.

2.3 STREET ADDRESS

7707 NW 79th Street

2.4 CITY-ST-ZIP

Tamarac, FL 33321

3.1 TITLE

T

☐ Change

☒ Addition

3.2 NAME

Mishkin, Miriam S.

3.3 STREET ADDRESS

8716 Tuckerman Lane

3.4 CITY-ST-ZIP

Potomac, MD 20854

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Barbara J. Mishkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barbara J. Mishkin

4-26-99

Date

(954) 764-6660

Daytime Phone #

24 2587

CR2E034 (11/98)