4-11-97 B- 4522-C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000001289 (3)**

1. Corporation Name
SAFETY MEDICAL MANUFACTURING, INC.

Principal Place of Business	Mailing Address
6344 WEST C.R. 476 BUSHNELL FL 33513	POST OFFICE BOX 991 DADE CITY FL 33526-0991

3. Date Incorporated or Qualified: **12/29/1995**
3a. Date of Last Report: **09/27/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 128
Suite, Apt. #, etc.
27
City & State
28 Bushnell FL
Zip 29 33513 Country 30

4. FEI Number: **59-3385974** ☐ 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

GREGORY, DOUGLAS S
442 WEST KENNEDY BLVD
SUITE 340
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 (Signature, typed or printed 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	P + DIR. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUNFOLA, VINCENT	1.2 NAME	
STREET ADDRESS	544 SPRING HOLLOW BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APAPKA FL 32712	1.4 CITY-ST-ZIP	
TITLE	VP + DIRECTOR ☐ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	CHARLES SCHUBERT	2.2 NAME	
STREET ADDRESS	3816 FENWAY CROSSING	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA, GA 30062	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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. VINCENT A. RUNFOLA

SIGNATURE: V A Runfola 4-2-97 407-880-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #