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

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of Sate DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000014467 (0) ROYT MEDICAL INC. Principal Place of Business Mailing Address C/O MANUEL E. CABEZA PA C/O MANUEL E. CABEZA PA 800 DOUGLAS ROAD STE 351 CORAL GABLES FL-93134 800 DOUGLAS ROAD STE 351 DO NOT WRITE IN THIS SPACE CORAL-CABLES-FL-00184 3. Date Incorporated or Qualified 02/15/1996 4. FEI Number 65-0757414 Applied For 2. Principal Place of Business 2a, Mailing Address 21 338 Minorca Avenue 338 Minorca Avenue APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Coral Gables, Trust Fund Contribution Added to Fees 23 Coral Gables. 28 Country Country Zip Zιp 8. This corporation owes or has paid the current year Intangible 33134 25 Dade 33134 Dade Personal Property Tax due June 30, Yes ☐ No 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 CABEZA, MANUEL E ESQ. 800-DOUGLAS ROAD STE 951 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 338 Minorca Avenue 83 84 City 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 soffice 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 requirered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE ALI MERE, YUSSIF DR. 1.2 NAME NAME 800-DOUGLAS ROAD STE 351 1.3 STREET ADDRESS 338 Minorca Avenue STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CABEZA, MANUEL E 2.2 NAME NAME STREET ADDRESS 800-DOUGLAS FROAD-STE-851 2.3 STREET ADDRESS 338 Minorca Avenue CORAL GABLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME

14. Thereby 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 it 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:

2/10/98 (305) 444-7282

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELFTE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE NAME

Change

Addition

FILED