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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P96000033477 (6)**

1. Corporation Name
HYPERION MEDICAL, INC.

Principal Place of Business
4203 VINELAND RD.
SUITE K-14
ORLANDO FL 32811

Mailing Address
4203 VINELAND RD.
SUITE K-14
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1996

2. Principal Place of Business
21 3319 Bartlett Blvd
Suite, Apt. #, etc.
22
City & State
23 Orlando FL
Zip
24 32811
Country
25 USA

2a. Mailing Address
26 Same as 2
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-3374543
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BURNS, THOMAS R
CARLTON, FIELDS ET AL.
255 S. ORANGE AVE., STE. 1600
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
Lawrence M. Watson, JR., P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
900 Winderley Place
83
Suite 122
84 City
Maitland FL
85 Zip Code
32751

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 Lawrence M. Watson 6/15/98
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	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JOLLY, ERIC J	1.2 NAME	
STREET ADDRESS	~~4203 VINELAND RD., STE. K-14.~~	1.3 STREET ADDRESS	3319 Bartlett Blvd
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	100002565454
STREET ADDRESS		5.3 STREET ADDRESS	-06/23/98--01053--030
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	6-22
STREET ADDRESS		6.3 STREET ADDRESS	JR
CITY-ST-ZIP		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.

CR2E034 (10/97)