

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -2 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054824 (3)**

1. Corporation Name
WINDSOR MEDICAL, INC.

Principal Place of Business
**8428 S.W. 24 STREET #160
MIAMI FL 33155**

Mailing Address
**8428 S.W. 24 STREET #160
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **8400 N. UNIVERSITY DRIVE** 2a. Mailing Address
26 **8400 N. UNIVERSITY DRIVE**

4. FEI Number **65-0675213** Applied For
Not Applicable

Suite, Apt. #, etc.
22 **SUITE 204** 27 **SUITE 204**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 **TAMARAC, FL** 28 **TAMARAC, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33321** 25 **BROWARD** 29 **33321** 30 **BROWARD**

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

**MARTINEZ, PATRICIO
8428 S.W. 24 STREET #160
MIAMI FL 33155**

New Address

81 Name **PATRICIO MARTINEZ**
82 Street Address (P.O. Box Number is Not Acceptable)
8400 N. UNIVERSITY DRIVE
83 **SUITE 204**
84 City **TAMARAC** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0502, Florida Statutes.

SIGNATURE *Patricio Martinez* 9/30/97

Signature, typed or printed name of registered agent and title (if applicable) (Signature of Registered Agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, PATRICIO		1.2 NAME MARTINEZ, PATRICIO	
STREET ADDRESS 8428 S.W. 24 STREET #160		1.3 STREET ADDRESS 8400 N. UNIVERSITY DRIVE #204	
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY-ST-ZIP TAMARAC, FL 33321	

TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE *Patricio Martinez* 9/30/97 19511380-3129

CR2E034 (4/97)

REINSTATEMENT

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****758.75 ****758.75