Apr 02, 2001 8:00 am Secretary of State

04-02-2001 90284 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000056566**

1. Entity Name

MPI MEDICAL PRODUCTS, INC.

Principal Place of Business Mailing Address 4141 NW 132ND ST 4141 NW 132ND ST OPALOCKA FL 33054 OPALOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0678611 Not Applicable Zip_____ Country Country \$8.75 Additional -5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GOLDSTEIN, SYDNEY** Street Address (P.O. Box Number is Not Acceptable) 4141 NW 132ND ST OPALOCKA FL 33054 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change NAME NAME GOLDSTEIN, SYDNEY STREET ADDRESS STREET ADDRESS 4141 NW 132ND ST CITY-ST-ZIP CITY-ST-7IP OPALOCKA FL 33054 TITLE ☐ Delete TITLE ☐ Change Addition NAME GOLDSTEIN, HILDEGARDE STREET ADDRESS STREET ADDRESS 4141 NW 132ND ST CITY-ST-ZiP- --City-StuZIP OPALOCKA FL 33054 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if