2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90012 034 ***150.00

DOCUMENT # P96000056566

1. Entity Name
MPI MEDICAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
1631 ELMHURST CIRCLE SE PALM BAY, FL 32909	1631 ELMHURST CIRCLE SE PALM BAY, FL 32909

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0678611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, SYDNEY
1631 ELMHURST CIRCLE SE
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SYDNEY GOLDSTEIN [signature] 2-23-04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOLDSTEIN, SYDNEY 4141 NW 132ND ST OPALOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOLDSTEIN, SYDNEY 1631 ELMHURST CIRCLE SE PALM BAY FL 32909 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GOLDSTEIN, HILDEGARDE 4141 NW 132ND ST OPALOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOLDSTEIN, HILDEGARD 1631 ELMHURST CIRCLE SE PALM BAY FL 32909 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYDNEY GOLDSTEIN [signature] 2-23-04 321-676-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #