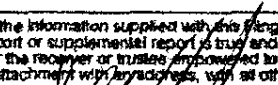


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90937 030 ***160.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80080271

DOCUMENT # P96000056566					
1. Entity Name MPI MEDICAL PRODUCTS, INC.					
Principal Place of Business 4141 NW 132ND ST OPALOCKA, FL 33054			Mailing Address 4141 NW 132ND ST OPALOCKA, FL 33054		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-8678611	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$2.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, SYDNEY 4141 NW 132ND ST OPALOCKA, FL 33054			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 _____ Signature, typed or printed name of registered agent and fee if applicable. (JOSE Registered Agent Signature required when necessary)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete			
NAME	GOLDSTEIN, SYDNEY				
STREET ADDRESS	4141 NW 132ND ST				
CITY-ST-ZIP	OPALOCKA, FL 33054				
TITLE	DV	☐ Delete			
NAME	GOLDSTEIN, HILDEGARDE				
STREET ADDRESS	4141 NW 132ND ST				
CITY-ST-ZIP	OPALOCKA, FL 33054				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like empowered.					
SIGNATURE:  Sydney Goldstein 04-10-2003 (305)754-1666					

CR2E034 (10/02)