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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P960000 61222

1. Corporation Name
TRIDENT MEDICAL CONCEPTS, INC.

Principal Place of Business / Mailing Address
2240 WOOLBRIGHT RD.
SUITE 342
BOYNTON BEACH, FL 33426

3. Date Incorporated or Qualified: 07/19/1997
3a. Date of Last Report: n/a

2. Principal Place of Business
21 1601 BELVEDERE RD.
Suite, Apt. # etc.
22 SUITE 500-E
City & State
23 WEST PALM BEACH, FL
Zip / Country
24 33406 25 PALM BEACH

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

4. FEI Number: 65-0709276 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GUILLAMA, NOEL J.
2240 WOOLBRIGHT RD.
SUITE 342
BOYNTON BEACH, FL 33426

10. Name and Address of New Registered Agent

81 Name: GIGLIOTTI, ANTHONY J.
82 Street Address (P.O. Box Number is Not Acceptable): 1601 BELVEDERE RD., STE. 500-E
83
84 City: WEST PALM BEACH **FL** 85 Zip Code: 33406

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: (Anthony J. Gigliotti) 4-30-97
Sign here to confirm printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, ANDREW 2240 WOOLBRIGHT RD., STE. 342 BOYNTON BEACH, FL 33426 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/C/P/T/S GIGLIOTTI, ANTHONY J. 1601 BELVEDERE RD., STE. 500-E WEST PALM BEACH, FL 33406 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D STERN, RANDALL P. 1601 BELVEDERE RD., STE. 500-E WEST PALM BEACH, FL 33406 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	EV QUINN, EDWARD M. 1601 BELVEDERE RD., STE. 500-E WEST PALM BEACH, FL 33406 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002175943 -05/13/97--01005--051 ***165.00

5-6-97

CR2E034 (9/96)

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

SIGNATURE: (Anthony J. Gigliotti) 4-30-97 561-684-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #