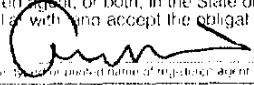
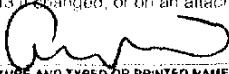


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
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 2240 WOOLBRIGHT RD. SUITE 342 BOYNTON BEACH, FL 33426			Mailing Address (Same as Principal Place of Business)		
2. Principal Place of Business 21 1601 BELVEDERE RD. Suite, Apt. #, etc. 22 SUITE 500-E City & State 23 WEST PALM BEACH, FL Zip 24 33406		2a. Mailing Address 25 PALM BEACH Suite, Apt. #, etc. 26 City & State 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/19/1997 3a. Date of Last Report n/a 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) DATE: 4-30-97 (NOTE: Registered Agent's signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE D ☒ DELETE 1.2 NAME BARNETT, ANDREW 1.3 STREET ADDRESS 2240 WOOLBRIGHT RD., STE. 342 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE D/C/P/T/S ☐ Change ☒ Addition 2.2 NAME GIGLIOTTI, ANTHONY J. 2.3 STREET ADDRESS 1601 BELVEDERE RD., STE. 500-E 2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406		
3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			4.1 TITLE ☐ Change ☒ Addition 4.2 NAME STERN, RANDALL P. 4.3 STREET ADDRESS 1601 BELVEDERE RD., STE. 500-E 4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406		
5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			6.1 TITLE ☐ Change ☒ Addition 6.2 NAME EV 6.3 STREET ADDRESS QUINN, EDWARD M. 6.4 CITY-ST-ZIP 1601 BELVEDERE RD., STE. 500-E WEST PALM BEACH, FL 33406		
7.1 TITLE ☐ DELETE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP			8.1 TITLE ☐ Change ☐ Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP		
9.1 TITLE ☐ DELETE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP			10.1 TITLE ☐ Change ☐ Addition 10.2 NAME 10.3 STREET ADDRESS 10.4 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 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  (Anthony J. Gigliotti) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-30-97 561-684-2225 Date Daytime Phone #		

CR2E034 (9/96)