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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000082500 (5)

1. Corporation Name

SUNCOAST MEDICAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
6531 43RD STREET NORTH BUILDING 16 - UNIT 1608 PINELLAS PARK FL 34665	6531 43RD STREET NORTH BUILDING 16 - UNIT 1608 PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1996

2. Principal Place of Business	2a. Mailing Address
21 *911 Lakeside Drive*	26 *911 Lakeside Drive*
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 *Largo, FL*	City & State 28 *Largo FL*
Zip 24 *33778* Country 25 *USA*	Zip 29 *33778* Country 30 *USA*

4. FEI Number **59-3403405** — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOROWSKY, JACK S
6531 43RD STREET NORTH
BUILDING 16 - UNIT 1608
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) *911 Lakeside Drive*
83
84 City *Largo* FL 85 Zip Code *33778*

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 *Jack A Borowsky* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *4/1/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BOROWSKY, JACK S**		1.2 NAME	
STREET ADDRESS **911 LAKESIDE DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **LARGO FL 33778**		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 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: *Jack A Borowsky* *4/1/97*