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

PROFIT Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000029401 (1) BIO-TISSUE, INC. Principal Place of Business Mailing Address 5901 SOUTHWEST 94TH ST 5901 SOUTHWEST 94TH ST MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 2. Principal Place of Business Applied For 6601 S W Not Applicable \$8.75 Additional 200B Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year intangible 24 Yes ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Address of Current Registered Age Name SCHIFFRIN, MICHAEL ESQ. SUNTRUST INTERNATIONAL CENTRE 82 Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE 83 **MIAMI FL 33131** 85 Zip Code 84 City 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: 5 (NOT) Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE. 1.1 TILLE Change Addition TITLE ROSENBAUM, JERRY MD NAME 1.2 NAME 5901 SOUTHWEST 94TH ST 13 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** 14 CITY-ST-ZIP CITY-ST-ZIP DELFTE 21 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP City-St-ZiP Change TITLE DELF FE 4 1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

FILED

SIGNATURE: X Leny Resembacine Me 1/29/48 (305) 669-1318

14. Thereby 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 concertions of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME 6.3 STREET ADDRESS

64 CITY - ST- ZIP

NAME

STREET ACCRESS

CITY-ST-ZIP